

OR # _____ Received by ___

Piano Teachers Guild of the Philippines Foundation, Inc.

Form No.		

PIANO FESTIVAL 2024

Audition Form: SOLO

LAST NAME		FIRST NAME	MI
BIRTHDAY		CONTACT NUMBER/S	
E-MAIL ADDRESS			
TEACHER'S DATA			
LAST NAME		FIRST NAME	
STUDIO (leave blank if private)	CONTACT	Γ NUMBER/S	MEMBER (Y/N)
E-MAIL ADDRESS			
REPERTOIRE INFO			
COMPOSER / ARRANGER		FULL TITL	E DURATION
PREFERRED PERFO	RMANCE SLOT		
FIRST CHOICE 10 March 2024	17 March 2024	SECOND CHOICE 10 March 2024	17 March 2024
8 AM	8 AM	8 AM	8 AM
10 AM	10 AM	10 AM	10 AM
1 PM 3 PM	1 PM 3 PM	1 PM 3 PM	1 PM 3 PM
	guarantee that these will	be granted by the Festival	sired choice of schedule; that our Committee, taking other equally
Signature of Participant Signature		ture of Piano Teacher	Signature of Parent/Guardian (if participant is minor)
JURY'S COMMENTS AN	ID SUGGESTIONS		