

## STUDENT RECITAL ENTRY 2023-2024

to be

performed)

**TEACHER'S NAME** 

**COLLABORATIVE** 

**PIANIST'S NAME** 

(where applicable)

By submitting an entry form, teachers acknowledge that they, their students, and families and guests, have read the SRMTA Regina Branch recital guidelines, including any current health protocols, and agree to comply with them.

STUDENT'S INSTRUMENT | LEVEL (of rep

**AGE** 

**RECITAL** 

DATE

STUDENT'S NAME

SELE	CTIONS (please ref	er to permitted pl	laying times for	given levels)	
TITLE				COMPOSER	DURATION
SPECIAL SCHEDULING REQUEST (no	ot guaranteed):				

Submit ENTRY FORM to woolrich.diana@gmail.com. Submit ENTRY FEE of \$8.00 (plus \$2.00 extra for an extra-time performance slot) per student (non-refundable once submitted) by e-transfer to <a href="mailto:srmta.regina@gmail.com">srmta.regina@gmail.com</a>, noting performer's name and recital date in the comments box.