

# Voice Division Entry Form

## Student

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
Voice range \_\_\_\_\_ Class number \_\_\_\_\_ Years studied \_\_\_\_\_ Birthdate \_\_\_\_\_  
(See syllabus) (mm/dd/yy)

## Teacher

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## Accompanist

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

## Performance

 Please list compositions in order of performance:

① Title \_\_\_\_\_ Mvmt \_\_\_\_\_ Opus \_\_\_\_\_ No. \_\_\_\_\_  
Composer \_\_\_\_\_ Time \_\_\_\_\_  
② Title \_\_\_\_\_ Mvmt \_\_\_\_\_ Opus \_\_\_\_\_ No. \_\_\_\_\_  
Composer \_\_\_\_\_ Time \_\_\_\_\_  
③ Title \_\_\_\_\_ Mvmt \_\_\_\_\_ Opus \_\_\_\_\_ No. \_\_\_\_\_  
3rd selection needed for aria section only.  
Composer \_\_\_\_\_ Time \_\_\_\_\_

## Other

 If you are participating in any other classes please list them below:

Instrument \_\_\_\_\_ Class number \_\_\_\_\_

Instrument \_\_\_\_\_ Class number \_\_\_\_\_

Time conflicts to be considered: \_\_\_\_\_  
\_\_\_\_\_

## Payment

Entry Fee for this class _____
Donation to PAFE _____
Total _____

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Release Form for Participants Under 18 Years of Age

I permit my son or daughter to participate in the Performing Arts Festival of the Eastside. I freely and knowingly assume all risks incidental to participation and I hereby waive any right, claim, or course of action against PAFE, its officers, directors, employees, or agents, releasing them from any liability arising out of an injury, direct or indirect. I also give permission for my child to be photographed and I allow PAFE to release said photographs for publicity purposes.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Entry deadline: January 25, 2008

Mail entry form and fee to: PAFE, P.O. Box 3282, Bellevue WA 98009