

PERFORMING ARTS FESTIVAL OF THE EASTSIDE

VOICE Entry Form

Student

Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____

School _____ Grade _____ Age _____

Class # _____ Voice Range _____ (Sop, Lyric, Mezzo Sop, Baritone, Tenor)

Teacher/Coach

Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____

Accompanist

Name _____ Phone _____

Address _____ City _____ Zip _____

Email _____

Voice Selections (please list in order of performance)

1. Title _____

Composer _____ Time (minutes) _____

(Musical/Operetta/Opera if in that Class section) _____

2. Title _____

Composer _____ Time (minutes) _____

(Musical/Operetta/Opera if in that Class section) _____

3. Title _____ Time (minutes) _____

(Musical/Operetta/Opera if in that Class section) _____

Payment:

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

Teacher Signature _____ Date _____

Parental Release 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 any and all risks incidental to participation and 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/student to be photographed and allow PAFE to release said photographs for publicity purposes.

Parent Signature _____ Date _____

Entry deadline: Feb 15th Mail Entry form and fee to: P.O. Box 3282, Bellevue WA 98009 Email: info@pafenorthwest.org