

M.A.M.A. **DUET** in Composer Comp Category
2025 FESTIVAL

You must complete all information to avoid a \$10.00 change/addition fee.

MEMBER NAME _____
Piano Duet – 2 students

PHONE # _____
email _____

For each contestant: list schedule preference for Saturday (morning or afternoon) or Sunday morning. If they **MUST HAVE** a particular day, please indicate. This is a courtesy request, not a guarantee of scheduled time. Please list both duet team member 1st and last names on this entry form. They will be listed in the program under **last names.**

FIRST NAME _____ LAST NAME _____

FIRST NAME _____ LAST NAME _____

FIRST SELECTION

Schedule preference: SA a.m. SA p.m.

FIRST NAME _____ LAST NAME _____

FIRST NAME _____ LAST NAME _____

FIRST SELECTION

Schedule preference: SA a.m. SA p.m.

FIRST NAME _____ LAST NAME _____

FIRST NAME _____ LAST NAME _____

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Schedule preference: SA a.m. SA p.m.

FIRST NAME _____ LAST NAME _____

FIRST NAME _____ LAST NAME _____

FIRST SELECTION

Schedule preference: SA a.m. SA p.m.

Teacher: Use Wynne-Ann Rossi duets for your selection.
