

M.A.M.A. \*\*DUET\*\* in Composer Comp Category  
2024 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 1<sup>st</sup> and last names on this entry form. They will be listed in the program under **last names.**

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FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST SELECTION

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

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FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST SELECTION

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

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FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

FIRST SELECTION

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

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

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