

M.A.M.A. ***ORIGINAL COMPOSITION*** Entries
2024 FESTIVAL

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

MEMBER/STUDIO_____

PHONE #_____

Email_____

For each contestant: list schedule preference for Thursday, Friday (morning or afternoon), or 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.

CONTESTANT NAME

AGE _____

INSTRUMENT

COMPOSITION TITLE

Schedule preference: TH F (AM) F (PM) SA (AM) SA (PM) SU

CONTESTANT NAME

AGE _____

INSTRUMENT

COMPOSITION TITLE

Schedule preference: TH F (AM) F (PM) SA (AM) SA (PM) SU

CONTESTANT NAME

AGE _____

INSTRUMENT

COMPOSITION TITLE

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