

Competitors Schedule

MITCHELL OPTIMIST MUSIC FESTIVAL

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SYLLABUS CLASS NUMBER	GRADE	NAME OF TEST PIECE/CLASS	NAME OF COMPETITOR (Please add competitor's address, phone no. & Name of School)	AGE & D.O.B.	FEE

Preschool, and up to and including youth actively enrolled in school classes during the current school year.

Return to:

Judy Wood
Box 1765
Mitchell, ON N0K 1N0
Judywood1947@gmail.com

If you prefer to use your own form, please follow the same format as shown above.

Teacher's Signature (please print): _____

Address:

Phone No.:

Email Address: