

NATS – NATIONAL CAPITAL REGION CHAPTER – OCTOBER 2018



**STUDENT VOCAL FESTIVAL  
APPLICATION FORM**

Name: \_\_\_\_\_

Category number: \_\_\_\_\_

Address: \_\_\_\_\_

Category Description: \_\_\_\_\_

\_\_\_\_\_

Sing for adjudication only:

Telephone: \_\_\_\_\_

Age on 1 September 2018: \_\_\_\_\_

Email: \_\_\_\_\_

Grade in School / Level in University (where applicable): \_\_\_\_\_

Teacher: \_\_\_\_\_

\_\_\_\_\_

Teacher's Telephone: \_\_\_\_\_

Length of study (where applicable): \_\_\_\_\_

Teacher's email: \_\_\_\_\_

\_\_\_\_\_

Former teacher (if student has studied with current teacher for less than eight (8) months):

\_\_\_\_\_

Accompanist: \_\_\_\_\_  
(MUST BE COMPLETED)

Accompanist's Telephone: \_\_\_\_\_

Accompanist's Email: \_\_\_\_\_

**DEADLINE FOR RECEIPT OF APPLICATION:**

**1 October 2018**

TEACHERS: PLEASE EMAIL COMPLETED APPLICATION FORMS, ALONG WITH YOUR TEACHER REGISTRATION FORM, TO: Susan Blyth-Schofield ([sblythschofield@yahoo.ca](mailto:sblythschofield@yahoo.ca)). **NOTE: COMPLETED FORMS MUST BE RECEIVED BY EMAIL**

NON-REFUNDABLE APPLICATION FEE: Students of NATS Members (\$40) \_\_\_\_\_ Students of non-NATS teacher (\$45) \_\_\_\_\_

PLEASE MAKE CHEQUE PAYABLE TO: NATS – National Capital Region Chapter  
AND MAIL CHEQUE TO: Susan Blyth-Schofield, 13 Lynhaven Cres, Ottawa, ON, K2E 5K3

I HAVE READ AND ACCEPT THE GUIDELINES THAT GOVERN THE NATS – NCR 2018 STUDENT VOCAL

Inquiries: to the Festival Chairperson Susan Blyth-Schofield ([sblythschofield@yahoo.ca](mailto:sblythschofield@yahoo.ca))

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**STUDENT REPERTOIRE FORM**

Student Name: \_\_\_\_\_

Category: \_\_\_\_\_

**Repertoire:**

Title	Composer	Timing
1.		
2.		
3.		
4.		
5.		