

MUSICAL THEATER REGISTRATION FORM

Name: _____ Division (see instructions): _____

Phone No: _____ Teacher's Name: _____

	Selection	Composer	Name of Musical	Duration, Min. & Sec
1.				
2.				

NOTE: Copies of musical pieces (with ALL measures numbered) to be performed must be brought to the competition in order to compete. Failure to do so will disqualify you from the competition. \$10.00 Entry Fee and a copy of this form must be delivered to the PCA office by the Entry Deadline of February 22nd at 5:00 PM.

Accompanist: _____ Phone Number: _____

Other Categories accompanying for: Voice Strings Winds and Percussion

Check if competing in other categories:	<input type="checkbox"/> Piano	<input type="checkbox"/> Voice	<input type="checkbox"/> Strings
	<input type="checkbox"/> Drama	<input type="checkbox"/> Jazz	<input type="checkbox"/> Winds and Percussion

Length of Study in Musical Theater: _____

Experience Performing: _____

What would you like the community to know about your future plans in Musical Theater: _____

REGISTRATION WILL NOT BE ACCEPTED AFTER THE ENTRY DEADLINE HAS PASSED.

All winners are strongly encouraged to attend the Reception following the Awards Program and are **REQUIRED** to attend the Scholarship Awards Program on May 5th at 2:00 PM at Trinity Presbyterian Church. Failure to participate will mean the forfeiture of the award unless officially excused by the Scholarship Committee Chairman.

By submitting this entry, I agree that I have read and understood the General Rules and the Rules regarding this competition and agree to abide by them. I understand that THE JUDGE'S DECISION IS FINAL

Signed: _____

Registrant must sign. (Parent or guardian if Registrant is under 18)