



55th KINSMEN MUSIC FESTIVAL - 55th FESTIVAL DE MUSIQUE KINSMEN

Elementary & Secondary
APPLICATION FORM/FORMULAIRE D'INSCRIPTION

NAME OF SCHOOL:
NOM DO L'ECOLE: _____ TEL: _____

TEACHER'S NAME:
NOM DE PROFESSEUR: _____

E-MAIL ADDRESS: _____

CLASS:
CATEGORIE: _____ GRADE: _____

INSTRUMENT: _____

NAME:
NOM: _____ AGE: _____

FOR BANDS & CHOIRS – Please state number of students on Stage: _____

FEE INCLUDED/ FRAIS INCLUS: \$ _____

(Please make all cheques payable to “*The Kinsmen Music Festival*”)

TITLE OF MUSIC SELECTION/TITRE DES PIECES DE MUSIQUE:

_____ TIME: _____

_____ TIME: _____

INDICATE EARLIEST ARRIVAL TIME: _____

INDICATE LATEST DEPARTURE TIME: _____

Please return this form to/Retournez le formulaire s.v.p.a:

KINSMEN MUSIC FESTIVAL 2009
c/o Sue Caron, Chair/Registrar
Cornwall, ON K6H 4R1

or KINSMEN MUSIC FESTIVAL 2009
Sue Caron, Chair/Registrar
1450 Second Street East, Cornwall, Ont.

DEADLINE APRIL 3rd, 2009