



P.O. Box 5194
Huntsville Ontario
P1H 2K6

MUSKOKA CONCERT BAND AWARD APPLICATION 2017

Name of Student: _____ Age: _____

Street: _____ Town: _____

Postal Code: _____ Telephone Number: _____ Cell _____

email: _____

School _____ Grade: _____ Band Instrument: _____

STUDENT:

1. Have your Music Teacher fill in the square below.
2. Include in your application a **written paragraph** that describes how you intend to use the award.
3. You will be notified where and when auditions will occur. Bring a 2nd copy of your music for the panel.
4. If I am successful and win this award I would like it sent to:

Name: _____

Address: _____

Town: _____ Postal Code: _____

MUSIC/BAND TEACHER *Name* (please print) _____

1. _____ participates in our school music program.

He/she has played in our school band for ____ years & would be a worthy recipient of this award.

Teacher's **Signature:** _____

2. Please send us your **recommendation/comments:**

By **postal mail** to the above address,

Or **email** to muskokaconcertband@gmail.com – Awards Panel