



INTERNATIONAL MUSIC FESTIVAL AND COMPETITION

May 1 - 20, 2024 | Markham (Ontario, Canada)

Registration Form | Registration deadline: Sunday, March 3, 2024 (11:59 pm EST)

SOLO PERFORMANCE | CONDUCTING | COMPOSITION

Competitor:

First Name _____ Last Name _____ Middle Initials _____ Instrument _____

Address: _____
Unit/Apt # _____ Street _____ City _____ Province/State _____ Postal/Zip Code _____ Country _____

Tel. No.: _____
Home No. _____ Cell No. _____

Email (required): _____ Age as of March 1, 2024: _____ Gender: M F

School: _____
Name _____ School Grade/University Level _____ RCM (CC) Level _____

Teacher: _____
Name _____ Email _____ Tel. No. _____

Address: _____
Unit/Apt # _____ Street _____ City _____ Province/State _____ Postal/Zip Code _____ Country _____

Performing: via recording in-person Music Stands: _____ Percussion instruments: _____ Scheduling conflicts: _____

Class #	Composer	Title of the Piece	Duration	Fee

I have read and agree with the Rules of the IMFC. **Award Ceremony Tickets (\$30 each)** _____

Payment can be made by any major credit card or by cheque mailed to the IMFC Office in advance of the registration deadline.

Card number _____ Expiry _____ CSC* _____

Name on the card _____ Signature _____

* Card security code (3-digit for Visa and Master Cars; 4-digit for American Express).
** Donations over \$50 will be acknowledged and an income tax receipt will be issued.
Charitable Registration Number: 70393 1923 RR0001.

Total Class Fees:	
Cheque Processing Fee:	
Late Registration Fee:	
Award Ceremony tickets Fee:	
Donation**:	
Registration Fee:	\$30
Paper Form Processing Fees:	\$30
TOTAL FEES:	

Please make cheques/money orders payable to: **International Music Festival and Competition.**

Name (First/Last) and Signature of Competitor (Parent/Teacher/Guardian) _____ Date _____



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CHAMBER MUSIC

Ensemble Leader:

First Name _____ Last Name _____ Middle Initials _____ Instrument _____

Address: _____
Unit/Apt # _____ Street _____ City _____ Province/State _____ Postal/Zip Code _____ Country _____

Tel. No.: _____
Home No. _____ Cell No. _____

Email (required): _____ Age as of March 1, 2024: _____ Gender: M F

Music Stands: _____ Percussion instruments: _____ Scheduling conflicts: _____

Ensemble Member 2:

First Name _____ Last Name _____ Middle Initials _____ Instrument _____

Email (required): _____ Age as of March 1, 2024: _____ Gender: M F

Ensemble Member 3:

First Name _____ Last Name _____ Middle Initials _____ Instrument _____

Email (required): _____ Age as of March 1, 2024: _____ Gender: M F

Ensemble Member 4:

First Name _____ Last Name _____ Middle Initials _____ Instrument _____

Email (required): _____ Age as of March 1, 2024: _____ Gender: M F

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Donation**:	_____
Registration Fee:	\$30
Paper Form Processing Fees:	\$30
TOTAL FEES:	_____

Name (First/Last) and Signature of Ensemble Leader (Parent/Teacher/Guardian) _____

Date _____