

The AGS Bickford Award Application

Open this document with Adobe Acrobat Reader which should be downloaded to your device. Fill-in the form with text. Email to (michaelcamp100@gmail.com) as an attachment using "send" or "share."

Entrant

Name _____

Address _____

City _____ Zip _____

Phone _____ Email _____

Date of Birth (Jr. Division only) _____

Instructor

Name _____

Phone _____ Email _____

Entry Level

Junior _____ (Under 18 as of competition date)

Comm. College/Adult Amateur _____ University _____

Selection(s)* Junior-under 7 minutes, others under 15 minutes.

Composer _____ Arr. (if appl.) _____

*if the piece is an original composition, please include the score.

Adult Divisions Only

Second Selection of contrasting style _____

Composer _____ Arr. (if appl.) _____

Performance Date Confirmed

You Must Phone Michael Camp (818) 793-8176, to be on the Bickford Competition Calendar. Date Confirmed _____

Signature

Applicant Signature x _____

Parent Signature (Jr. Division Only)

x _____