EDMONTON MUSIC & SPEECH ARTS FESTIVAL 2025

Office: Room 514 (Alberta College) Mailing: 14004 75 AVE NW, Edmonton, AB T5R 2Y6 Phone: (780) 633-3821 Fax: (780) 633-3575 Email: musicfest@emsaf.ca Register online at: www.emsaf.ca/registration/

Closing Date for Entries: February 5, 2025 — Under no circumstances will any entries be accepted after February 5, 2025 at 11:59 P.M. Please make cheques payable to the: Edmonton Music & Speech Arts Festival

Payment must accompany entry form. **E-transfer to:** info@emsaf.ca (clearly state for whom you are paying & don't forget the \$3.37). Any registration that is not fully paid by **March 21, 2025, will be automatically cancelled.**

GROUP PERFORMERS ENTRY FORM

Please use a Solo Entry Form for individual entrants

Duets, Trios, Quartets, Quintets, Choirs, Bands, Chamber Ensembles, Both Adjudicated, etc.

	•			<u> </u>			Adjudicated, etc.
Teacher Int	formation (<mark>Is th</mark> i	s a new addre	ess?	_Yes	New Te	eachers will b	e assigned a Teacher ID #
T-							
Teacher ID#	Last Name			First Name)		
Mailing Address							
City		F	Province		Postal Co	ode	
Daytime Phone #		Evening Phone #		Email Addre	ess (A vali	d email MUS	ST be entered)
Please Charge to	My VISA Ma	sterCard (<u>Please no</u>	<u>te:</u> we can	not accept VISA-D	ebit Cards	s)	
Name on Card Card #			Expiry			Signature	
0							
ONE (1) Form per Completely Fill On	ut the Name & Contact In	formation for each me	mber of a D	Duet, Trio, Quartet,	or Quintet	Yes (5 th person ir	"Special Requests" on back) please.
Larger groups (i New Groups will k	ncluding Choirs & Band be assigned a Group ID #	ds) only need to list t	he name o	f the group; indivi	dual conta	act informati	ion is NOT needed.
G-							
Group ID#	Group Name						# in Group
1.							
	First Name		¬ —	Last Name		Em	ail Address
	Daytime Phone #		Evening F	Phone #	Ą	ge	Date of Birth (MM/DD/YYYY)
2.							
	First Name		1	Last Name		Em	ail Address
	Daytime Phone #		Evening F	Phone #	Ą	ge	Date of Birth (MM/DD/YYYY)
3.							
	First Name		¬	Last Name		Em	ail Address
	Daytime Phone #		Evening F	Phone #	Ą	ge	Date of Birth (MM/DD/YYYY)
4.							
	First Name			Last Name		Em	ail Address
	Daytime Phone #		Evening F	Phone #	A	ge	Date of Birth (MM/DD/YYYY)

Freedom of Information and Privacy Waiver

By entering into the Edmonton Music & Speech Arts Festival, you give the Festival permission to publish your name in our program, on our website, and our other publications (including Social Media). In addition, you give the Festival permission to publish your image and/or record of your performance for rebroadcast or promotional use (including Social Media).

GROUP PERFORMERS ENTRY FORM

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Class Information Please note: There are no more discounts for entering multiple classes.

Please verify that you have current information from BOTH the 2025 AMFA Provincial Syllabus and Edmonton Addenda.

Numbering and Class Information can and does change from year-to-year.

If you need additional space, please fee free to photocopy this form onto white paper.

ass Number	Selection #1	Composer/Author #1
me Required	Selection #2	Composer/Author #2
ee	Selection #3	Composer/Author #3
	Calastian #4	
ass Number	Selection #1	Composer/Author #1
me Required	Selection #2	Composer/Author #2
ee	Selection #3	Composer/Author #3
ass Number	Selection #1	Compagar/Author #4
ass Number	Selection #1	Composer/Author #1
me Required	Selection #2	Composer/Author #2
ee	Selection #3	Composer/Author #3
aca Number	Selection #1	Compagar/Author #4
ass Number	Sciection #1	Composer/Author #1
me Required	Selection #2	Composer/Author #2
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ass Number	Selection #1	Composer/Author #1
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ee	Selection #3	Composer/Author #3