

***FFMS Competition Entry Form  
High School Soloist***

Print and mail to your competition chairperson with audition recording and fees. Please send only checks or money orders with your competition recording, payable to the Mid South Flute Society.

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE/YEAR \_\_\_\_\_

TEACHER \_\_\_\_\_

Title of Selection (6 minutes or less) \_\_\_\_\_

Composer (full name and dates) \_\_\_\_\_

*Please include a recommendation from your private teacher or director which can also be emailed (including your name) to the competition chair.*

ACCOMPANIST: check one of the following

Accompanist to be provided by FFMS YES NO

Will provide own accompanist at my expense YES NO

**COMPETITION FEES**

All competition fees include \$10.00 for membership in the MidSouth Flute Society, and registration for the festival.

High School Soloist Competition, nonrefundable 20.00 \_\_\_\_\_

Those entering two competitions may deduct the  
\$10.00 membership/registration fee from the second entry

Total Enclosed \_\_\_\_\_

Date \_\_\_\_\_ 200\_\_\_\_\_

***I AGREE TO APPEAR AT FFMS AT MY OWN EXPENSE AND TO ACCEPT THE SELECTION OF THE JUDGING COMMITTEE AS FINAL.***

SIGNATURE \_\_\_\_\_ (Competitor)

I give permission for \_\_\_\_\_ (Competitor)

to appear at the FFMS, and to provide an appropriate chaperon if he/she is selected to perform.

(Required only for competitors under 18 years of age as of March 10, any year)

SIGNATURE \_\_\_\_\_ (Parent/Guardian)

PLEASE INCLUDE SHORT BIOGRAPHICAL SKETCH FOR PROGRAM, IF  
SELECTED.

DEADLINE: TBA