

2024 WFS Young Artists Competition Application

Name _____ Date _____
Address _____ City _____ Zip _____
Telephone # _____ E-mail _____
Birth date _____ No. of years played _____
Instrument _____

Composer of work _____ Length _____

Title of work _____

Music Instructor (his or her recommendation for you must be sent to sfchim@msn.com)

School of applicant _____ Grade _____ Additional
training/awards/orchestras _____

Parent's Name _____

I have read all the information listed regarding the Young Artists Competition and agree to abide by these rules.

_____ Student Signature

_____ Parent Signature

Link to video: _____

Checklist:

_____ Video link

_____ Application fee

_____ Submit application

_____ Private teacher recommendation