



# PTGPF, Inc. PIANO FESTIVAL 2014

## AUDITION FORM FOR SOLO WORKS

NAME OF PARTICIPANT: \_\_\_\_\_  
AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
CONTACT NUMBERS: \_\_\_\_\_

### PARTICIPANTS and TEACHERS:

Please send **recent** 2x2 picture  
via email (JPG file) to  
[askptgp@yahoo.com](mailto:askptgp@yahoo.com).

\*For participants: Indicate full  
name, age, and teacher's  
name

NAME OF PARTICIPANT'S CURRENT PIANO TEACHER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_

### REPERTOIRE LIST: (performance time limit is 5 mins.)

COMPOSER/ARRANGER	FULL TITLE (Indicate key, opus, movement if applicable)	DURATION

### PREFERRED PERFORMANCE SLOT: (to be filled up only by the TEACHER of the participant)

CHOICE NO.1 (Encircle your FIRST CHOICE)	CHOICE NO.2 (Encircle your SECOND CHOICE)
<b>September 07, 2014</b> AM - 8am 10am PM - 1pm 4pm	<b>September 07, 2014</b> AM - 8am 10am PM - 1pm 4pm
<b>September 14, 2014</b> AM - 8am 10am PM - 1pm 4pm	<b>September 14, 2014</b> AM - 8am 10am PM - 1pm 4pm

*We understand that the Festival Committee shall try to accommodate us to our desired choice sequence. We also understand that our desired choice sequence do not automatically mean that these will be granted by the Festival Committee since other equally important factors have to be considered in the scheduling of performances.*

\_\_\_\_\_  
Signature of PARTICIPANT

\_\_\_\_\_  
Signature of PIANO TEACHER

\_\_\_\_\_  
Name & Signature of Parent/Guardian  
(if applicant is a minor)

### COMMENTS and SUGGESTIONS: (For PTGP Audition Panel Only)

\_\_\_\_\_  
Signature of Audition Panel Member

Audition fee in the amount of Php \_\_\_\_\_ received by: \_\_\_\_\_