

PIANO TEACHERS' GUILD OF THE PHILIPPINES FOUNDATION, INC. Dances for Piano Festival 2017

AUDIT	TION FORM FOR SOLO WORKS	JPLOAD 2x2 ID PICTURE https://goo.gl/forms/esjK	
NAME OF PARTICIPANT: AGE: BIRTHDATE:		E-mail us at dancesforpiano@gmail.com	
ADDRESS:	U	Jse your full name as the	
EMAIL ADDRESS:		ile name and subject of he e-mail.	
CONTACT NUMBERS:		ne e-man.	
NAME OF PARTICIPANT'S CURRENT PIANO TEA EMAIL ADDRESS:	.CHER: CONTACT NO.:		
REPERTOIRE LIST: (performance time limit is 5 min	ns.)		
COMPOSER/ARRANGER FU	JLL TITLE (Indicate key, opus, movement if applicable)	DURATION	
PREFERRED PERFORMANCE SLOT: (to be filled to CHOICE NO.1 (Encircle your FIRST CHOICE) December 10, 2017	up only by the TEACHER of the participant) CHOICE NO.2 (Encircle your SECOND Compared by the December 17, 2017	CHOICE)	
AM - 8am 10am PM - 1pm 3pm	AM - 8am 10am PM - 1pm 3pr	n	
December 10, 2017	December 17, 2017		
AM - 8am 10am PM - 1pm 3pm	AM - 8am 10am PM - 1pm 3pr	n	
nean that these will be granted by the Festival Committee since oti	ate us to our desired choice sequence. We also understand that our desired ther equally important factors have to be considered in the scheduling of performance of PIANO TEACHER Name & Signature of Pa	rmances. rent/Guardian	
	(if applicant is a mi	nor)	
COMMENTS and SUGGESTIONS: (For PTGP Audi	ition Panel Only)		
		Signature of Audition Panel Member	
Audition fee in the amount of Phpreceived	red by:		