

ROSL ANNUAL MUSIC COMPETITION 2010 APPLICATION FORM

PLEASE TYPE OR USE BLOCK CAPITALS THROUGHOUT

| | |
|--|---|
| For ROSL ARTS use | |
| Details checked <input type="checkbox"/> | Application accepted <input type="checkbox"/> |
| Audition day _____ | Time _____:_____ |

SOLOIST

Surname _____ First name _____

Nationality _____ Date of birth _____

Instrument/ Voice Type _____ Place of birth _____

Address _____

Postcode _____ Email _____

Telephone _____ Mobile _____

ACCOMPANIST

Surname _____ First name _____

Nationality _____ Date & Place of birth _____

Address _____

Postcode _____ Email _____

Telephone _____ Mobile _____

ENSEMBLE

At least 50% of the members of an ensemble must be citizens of a Commonwealth (Including the UK) or former Commonwealth country.

Name of ensemble _____

Instrumentation _____

| Name of Ensemble members | Instrument | Date of Birth | Email |
|--------------------------|------------|---------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Ensemble Contact: Name _____ Address _____

Postcode _____

Email _____

Telephone _____ Mobile _____

ENCLOSURES

- Photocopy of Birth Certificate/passport
- CV
- Short biography (max. 200 words)
- Entrance Fee of **£20:**

Cheques payable to "ROSL"
Major Credit Cards accepted
(Visa, Mastercard, Diners, AMEX)

Please return the completed form to:

ROSL ARTS
Over-Seas House
Park Place
St James's Street
London
SW1A 1LR

Card no _____ Applications sent via email will not be accepted

Exp date ____/____/____ 3 Digit Security Number _____ **DEADLINE: FRIDAY 15 JANUARY 2010**

REPERTOIRE

Name of Applicant or Ensemble _____

Instrument/VoiceType _____

Applicants **must bring copies of music** they are to play to each audition. The Royal Over-Seas League DOES NOT provide copying facilities.

Applicants should make a copy of this page for reference. Please use a separate sheet if necessary.

State movement title, opus number and key of work, or part of work, and date of work.

STAGE I PROGRAMME - MAXIMUM 10 MINUTES

| Work | Composer | Duration |
|-------|----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

STAGE II PROGRAMME - MAXIMUM 15 MINUTES
MUST CONTAIN WORK COMPOSED **AFTER 1970**_(SPECIFY DATE)

| Work | Composer | Duration |
|-------|----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

STAGE III PROGRAMME - MAXIMUM 20 MINUTES

| Work | Composer | Duration |
|-------|----------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

REFEREES

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Email _____

Email _____