

# 2023 DAN STOVER MUSIC CONTEST

## REGISTRATION FORM

Details of regional and district rounds to be announced.

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

HOME ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ (home or cell) E-MAIL: \_\_\_\_\_

INSTRUMENT: \_\_\_\_\_

TITLE OF PIECE TO BE PERFORMED: \_\_\_\_\_

COMPOSER: \_\_\_\_\_ LENGTH \_\_\_\_\_ minutes

MY HIGH SCHOOL \_\_\_\_\_ I AM IN THE \_\_\_\_\_ GRADE

MY MUSIC TEACHER AT SCHOOL IS \_\_\_\_\_

MY PRIVATE TEACHER IS \_\_\_\_\_

THE COLLEGES OR UNIVERSITIES I AM CONSIDERING ATTENDING:

\_\_\_\_\_

WHILE IN COLLEGE, THE MAJOR I WOULD LIKE TO STUDY IS: \_\_\_\_\_

I AM A HIGH SCHOOL STUDENT AND HAVE READ AND UNDERSTAND THE RULES OF THE COMPETITION.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete

Questions please email or call: [cstatton@abh.org](mailto:cstatton@abh.org)

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