



Debut Atlantic RBC Award for Musical Excellence Application Form

Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

School: _____

Music Teacher: _____ Instrument: _____

1. Repertoire Information:

	Title	Composer
Classical		
Romantic		
Contemporary		

2. Referees

Letters of reference are enclosed from the following people (your music teacher plus two others):

1.
2.
3.

Signature of Applicant: _____

Signature of Parent or Guardian: _____

Date: _____



Complete applications should be returned to:

Debut Atlantic
P. O. Box 300, 5600 Sackville Street
Halifax NS B3J 3E9