## **Sound of Hope International Music Festival**

Hope School of Music San Diego Presents 2018 Sound of Hope International Music Festival and Competition at 307 E Carmel St., San Marcos, CA 92078.

Last Name: First Name: Gender: M F First Name: Nationality: Date of Birth (MM/DD/YYYY): Age (As of March 11, 2018): Current Address: Telephone, Mobile phone: Email address:		
Private Teacher Name/Phone:  Division:		
<ul> <li>▼ lease pick one from below and not</li> <li>Solo Piano Prodigy I (age 4-6)</li> <li>Solo Piano Prodigy II (7-9)</li> <li>Solo Piano Prodigy III (10-12)</li> <li>Solo Piano Junior (13-15)</li> <li>Solo Piano Senior (16-18)</li> <li>Beginner Division</li> </ul>	<ul> <li>Classical or Christian genre</li> <li>Solo String Prodigy II</li> <li>Solo String Prodigy III</li> <li>Solo String Prodigy III</li> <li>Solo String Junior</li> <li>Solo String Senior</li> <li>Beginner Division</li> </ul>	<ul> <li>Prodigy Ensemble (5-12)         <ul> <li>Piano Ensemble</li> <li>Piano and String</li></ul></li></ul>
Program and Time (List entire program by division include if applicable):	e Composer's full name, Name of p	piece, Number, Key, Movement or Title

**Applicant agreement:** I shall abide by the rules and regulations of the SHIMF Competition, if I accepted as a contestant in the competition. I declare that the information submitted in my application to the competition is complete and truthful. If I receive an award in the competition, I will attend the winner concert. I will give recognition of the award in all future publicity. \$50.00 non-refundable application fee should be made payable to Hope Music Foundation , mailed along with the copy of your birth certificate and this form to 17506 Alva Rd San Diego Ca92127

Parent Signature: (If applicant is under 18 years old)	Date:
Student Signature: (If applicant is 18 years old or older)	Date: