

IDENTIFICATION FORM FOR ALL OWN CHOICE SELECTIONS

PLEASE COMPLETE AND ATTACH THIS FORM SECURELY TO THE TOP OF THE COPY OF THE SELECTED PIECE TO BE PERFORMED

THIS FORM IS BE ATTACHED TO ALL OWN CHOICE SELECTIONS
IT IS THE RESPONSIBILITY OF THE COMPETITOR TO BRING THE COPY OF
THE OWN CHOICE SELECTION WITH THE IDENTIFICATION FORM
ATTACHED AND TO HAND IT TO THE SESSION CONDUCTOR AT THE
COMMENCEMENT OF THE SECTION IN WHICH THE COMPETITION IS TO
TAKE PLACE

COMPETITOR NUMBER:	_____
COMPETITOR NAME:	_____
SECTION NUMBER:	_____
DATE:	_____
VENUE:	_____
<input type="checkbox"/>	MORNING SESSION
<input type="checkbox"/>	AFTERNOON SESSION
<input type="checkbox"/>	EVENING SESSION
TITLE OF SELECTION:	_____ _____
AUTHOR OR COMPOSER:	_____