Participant Name: _			Age:	ENT#:
f under 18, Parent o	or Guardian:		·	ENT#:
Address:		City:		Postal Code:
Phone:	En	nail:		
Bursary funds ar	e available for registra	ation fees, music scores,	and accompanis	t up to a maximum of
100.00 per part	i cipant. (Available to resi	idents of Grey, Bruce, and Simo	coe Counties only.)	
lease provide a bri	ef outline of your reason(s)	for applying to the Grey Cour	nty Kiwanis Festival o	of Music Bursary Fund:
Disciplina/a).				
Discipline(s):				
Piano 🗆 Voice	☐ Musical Theatre	□ Drama/Speech Arts □ G	Guitar 🗆 Strings	□ Brass □ Woodwinds
AMOUNT REQUI	ESTED: \$			
Make cheque pa	yable to:	Signature:		
Make cheque pa	yable to:	Signature:	х	
∕lake cheque pa	yable to:	Signature:	X	
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Make cheque pa	Mail this form Green	Please email completed admin@kiwanismusicfes or: in a sealed envelope matey County Kiwanis Festive Attention: Bursary Com P.O. Box 456 Owen Sound ON N41	form to: tival.net rked 'Confidentic al of Music mittee K 5P7	al' to: