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ENTRY FORM SENIOR CATEGORY

THE NORTHERN IRELAND INTERNATIONAL ORGAN COMPETITION 2024

(Please print in black ink when entering the following details)

| Applicants Name | | | | |
|-------------------------------|------------------|----------|--|--|
| Address | | | | |
| | | Postcode | | |
| Phone | Mobile | | | |
| Email Address | | | | |
| Age at 12 August 2024 Years | | | | |
| Teacher | | | | |
| Teacher's Phone | Teacher's Mobile | | | |
| Teacher's Email | | | | |
| School or College and Address | | | | |
| | | | | |

REPERTOIRE

Totalling a maximum of 20 minutes

| (A) | |
|-----|--|
| (B) | |
| (C) | |
| (D) | |

DECLARATION

I have read, understand and agree to abide by the terms of the Rules and Conditions for The Northern Ireland International Organ Competition.

| Applicant's Signature | Date | |
|-----------------------|------|--|
|-----------------------|------|--|

Forward completed application electronically to info@niioc.com