



PERFORMER REGISTRATION FORM

Elena Cobb Star Prize Festival at the RAH April 4th 2019

Return as soon as possible

ABOUT THE PERFORMER(s) if duet/trio (print in capital letters)	
Name(s)	
Age	
Title <i>Write the title of the piece that will be performed in the concert.</i>	
Composer	
Duration of the piece	
PARENT / GUARDIAN CONTACT INFORMATION (print in capital letters)	
IMPORTANT	
This person must accompany the performer(s) on the day of the concert. Notify as immediately in writing of any changes. Email to team@elenacobb.com	
Name/ Relationship to the Performer	
Address	
Phone	
Email	
CONSENT FOR PHOTOS/VIDEOS	
I give my permission	YES (circle if yes)
I do not give my permission	NO (circle if no)
FESTIVAL WINNER Y / N (circle) or YOU WERE INVITED Y/ N (circle)	
1. <i>Write name of the festival & year</i>	
2. <i>Write the title of the piece you played.</i>	
3. <i>Fee paid – write the amount</i>	

Signature: _____ Date: _____

EMAIL THIS FORM as an attachment to elenacobb@aol.com.

All information will be treated in strict confidence and will not be past to any party.

If you have any questions, please email team@elenacobb.com.