



澳門特別行政區政府文化局

INSTITUTO CULTURAL do Governo da R.A.E. de Macau

Received by: \_\_\_\_\_  
 Form no. : \_\_\_\_\_  
 Receipt no. : \_\_\_\_\_  
 Date : \_\_\_\_ / 04 / 2016

## 34<sup>th</sup> Macao Young Musicians Competition

### Registration Form for Team Representative of Ensemble Category (Form B1)

<b>Category</b>		<b>Number of Team Members</b>	
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**Free Choice Piece** (Please mark Team Representative's Name and Competition Category on the scores.)

	<b>Composer</b>	
<b>Accompaniment</b>	<input type="checkbox"/> Yes, Musical Instrument: _____ <input type="checkbox"/> No	<b>Duration</b> Approx. _____ mins

#### Team Representative's Information

<b>Name</b>	<b>Date of birth</b> (day / month / year)
	/      /
<b>I.D. Card Number</b> (first 4 digits)	<b>Educational Institution Attended</b>
<b>Mobile of Applicant/ Guardian</b> <small>(For receiving information and notification regarding the competition)</small>	<b>Phone Number of Music Teacher/ Representative of Musical Institution (Optional)</b>
_____ + _____	_____ + _____

**E-mail address** (For receiving information and notification regarding the competition)

#### Declaration

- I have read, understood and agreed to the Rules and Regulation of the competition;
- I declare that all the information provided above is authentic and complete;
- If the team receives any prize, I will collect it on behalf of the team.

**Signature of Team Representative/ Guardian:**  
(According to the I.D. Card)

Date: \_\_\_\_\_ / 04 / 2016

#### Letter of Authorization

I hereby authorize \_\_\_\_\_ (Name), to submit registration document(s) on my behalf.

Authorized person's information:

Valid identification document number: \_\_\_\_\_;

Contact number: \_\_\_\_\_

**Signature of Applicant/Guardian:**  
(According to the I.D. card)

Date: \_\_\_\_\_ / 04 / 2016

#### Team Members List

<b>2</b>		<b>3</b>	
<b>4</b>		<b>5</b>	
<b>6</b>		<b>7</b>	
<b>8</b>		<b>9</b>	



## 34<sup>th</sup> Macao Young Musicians Competition

### Registration Form for Team Members of Ensemble Category (Form B2)

#### Team Member's Information

<b>Name</b>	<b>Date of birth</b> (day / month / year)
	/ /
<b>I.D. Card Number</b> (first 4 digits)	<b>Educational Institution Attended</b>
<b>Mobile of Applicant/ Guardian</b> (For receiving information and notification regarding the competition)	<b>Phone Number of Music Teacher/ Representative of Musical Institution (Optional)</b>
+ _____	+ _____
<b>E-mail address</b> (For receiving information and notification regarding the competition)	

#### Declaration

I have read, understood and agreed to the Rules and Regulation of this competition;

I declare that all the information provided above is authentic and complete;

If the team receives any prize, I agree that the team representative will collect it on behalf of the team.

**Signature of Applicant/  
Guardian:**  
(According to the I.D. Card)

Date: \_\_\_\_\_ / 04 / 2016

#### Team Member's Information

<b>Name</b>	<b>Date of birth</b> (day / month / year)
	/ /
<b>I.D. Card Number</b> (first 4 digits)	<b>Educational Institution Attended</b>
<b>Mobile of Applicant/ Guardian</b> (For receiving information and notification regarding the competition)	<b>Phone Number of Music Teacher/ Representative of Musical Institution (Optional)</b>
+ _____	+ _____
<b>E-mail address</b> (For receiving information and notification regarding the competition)	

#### Declaration

I have read, understood and agreed to the Rules and Regulation of this competition;

I declare that all the information provided above is authentic and complete.

If the team receives any prize, I agree that the team representative will collect it on behalf of the team.

**Signature of Applicant/  
Guardian:**  
(According to the I.D. Card)

Date: \_\_\_\_\_ / 04 / 2016