



34th Macao Young Musicians Competition

Request for Change of Information (Form D)

| | |
|-----------------------------------|---|
| Name of Application (Solo) | Name of Team Representative (Ensemble) |
| | |
| Category | Level |
| | |

1. Change of Performance Order **Shift to an Earlier Time** **Postpone (Please put a “√”)**

| Original date & time of performance | | Amended performance date & time (Written by the Organizer) | |
|-------------------------------------|------------------------|---|-------------------------------------|
| Date | Time | Date | Time |
| ____ / ____ / 2016 | ____:____ | ____ / ____ / 2016 | ____:____ |
| Sign in time | Competition Order | Amended Sign in time | Amended Competition Order |
| ____:____ to ____:____ | Section:____; No.:____ | ____:____ to ____:____ | Section____, Before / After ____ |

Reason for Change

(Note: Applicants should provide proof to justify the reason for change, such as a note from school or medical certificate from the doctor, etc. Applicants can only change the performance order with the consent of the Organiser. The Organiser will inform the applicant of the result by phone.)

2. Other Change

Change Requested

Reasons for Change

Declarations

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

Signature of Applicant/ Team Representative/ Guardian:

(According to the I.D. Card)

1. In order to protect the right and interest of the applicants, this request form should be submitted by the applicant who applies for a change, his/ her legal guardian or member of the team. Applicants or team representative who requests for a change, and the person who submit the form are requested to show their identity cards for qualification check when submitting the request form;

2. Period for Request of Change : 6th to 8th of June, from 10am to 7pm;

3. Place of submission: Cultural Affairs Bureau Building.

Date: ____ / ____ / 2016

Letter of Authorization

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

Signature of Applicant/ Team Representative/ Guardian:

(According to the I.D. Card)

Authorized person's information:

Valid identification document number: _____;

Contact number: _____

Date: ____ / ____ / 2016