



RAVE HARPS PRESTIGE AWARD 2019 (CHAMBER)

CATEGORY

GROUP NAME:

NAME	AGE	COUNTRY	INSTRUMENT If Harp, state PEDAL or LEVER

APPROVAL FROM HARP TEACHER (Signature)

NAME:	DATE:
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REPERTOIRE:

Title #1:	
Composer:	Duration:
Title #2:	
Composer	Duration

DETAILS OF CORRESPONDENT:

NAME:	
CONTACT NO.:	EMAIL:
I certify on behalf of this chamber group that we have read, understood and agree to the Rules & Regulations of the RH Prestige Award 2019 (Chamber).	
Signature:	Date:

For administrative purposes:

Payment received? Yes/ No

Date received: _____