



Sejong Music Competition 2007

Application Form

www.sejongsociety.org

Instrument (check one)	Piano () Violin () Cello ()	Division (check one)	Junior () Grade 8 and under Senior () Grade 9 - 12
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Contestant's Name: _____

Date of Birth: _____ E-mail address: _____

Home Telephone Number: (_____) _____

Home Address: _____
(Street) (City) (State) (Zip code)

Name of School: _____ Current Grade: _____

School Address: _____
(Street) (City) (State) (Zip Code)

Music of own choice

Title: _____

Composer: _____ Movement: ____ Opus No.: _____ Playing Time: ____ min

Music - Required Piece

Title: _____

Name of Piano Accompanist (*violin and cello only*): _____

Tel #: (_____) _____ E-mail: _____

Address: _____
(Street) (City) (State) (Zip Code)

Teacher's Name: _____

Teacher's Telephone No. (_____) _____ E-mail _____

Teacher's Address: _____

Teacher's Signature _____ Date _____

(Application will not be accepted WITHOUT teacher's name, address and signature.)

Application fee: \$30 (Make check payable to Sejong Cultural Society.)

Mail application to: Sejong Cultural Society, 606 Forest Road, Glenview, IL 60025

***Application deadline: must be received at the office on or before October 30, 2007.**

Competition Date: November 18 (Sunday), 2007