

PLEASE PRINT)

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

E-Mail _____

Instrument: _____

Composer and name of piece on Tape, CD, or DVD

Piece _____

Composer _____

School _____ Grade _____ Birth Date _____ 19 _____

Instrumental Teacher _____

Address _____ Phone _____

\$ _____ Fee Enclosed: (Please do not send cash)

I agree to abide by all rules and regulations of the Competition:

Applicant's Signature _____

Parent's Signature _____

FEES (Please check all that apply)

\$50 Concerto Division

Application fee is non-refundable. Address all inquires and applications to:

Duquesne Young Artist Competition (DYAC)
School of Music, Duquesne University
600 Forbes Avenue, Pittsburgh, PA 15282-1800.
Phone (412) 396-5872.

**APPLICATION FORM AND
RECORDING MUST BE
POSTMARKED ON OR
BEFORE JANUARY 30, 2010.**