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AMEB STUDENTS IN CONCERT - WED 21 OCTOBER 2009
(Please return this nomination form by Friday 28 August)

TEACHER'S NAME.....

ADDRESS.....

.....

.....POSTCODE.....

TELEPHONE/S.....

STUDENT'S NAME.....

DATE OF BIRTH.....INSTRUMENT.....

TELEPHONE/S.....

GRADE OF LAST AMEB EXAM..... RESULT.....
(Minimum Sixth Grade)

TITLE OF PIECE.....
(Incl. key & opus no. etc if relevant)

COMPOSER.....

LENGTH OF PIECE (Limit: **5 minutes maximum**).....

NAME OF ACCOMPANIST (if applicable).....

STUDENT'S NAME.....

DATE OF BIRTH.....INSTRUMENT.....

TELEPHONE/S.....

GRADE OF LAST AMEB EXAM..... RESULT.....
(Minimum Sixth Grade)

TITLE OF PIECE.....
(Incl. key & opus no. etc if relevant)

COMPOSER.....

LENGTH OF PIECE (Limit: **5 minutes maximum**).....

NAME OF ACCOMPANIST (if applicable).....