



# SHSA Competition Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

*(Please circle the appropriate answer)*

Age Category:                      YOUTH (17 and under)      OPEN (over 17)

Skill level:    BEGINNER      NOVICE      APPRENTICE      JOURNEYMAN      MASTER

Special Categories:    YES                      NO

If yes, please indicate which one(s):

\_\_\_\_\_ EARLY SCOTTISH MUSIC

\_\_\_\_\_ HARP & VOCAL

\_\_\_\_\_ HARP & SPOKEN WORD

\_\_\_\_\_ HARP IN ENSEMBLE

\_\_\_\_\_ EMERGING FORMS

\_\_\_\_\_ NON-GRADED

[   ] *I am a current member of the Scottish Harp Society of America.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date