



**QUEENSLAND
REGIONAL
ENSEMBLE PROGRAM**

APPLICATION FORM (FNQ)

PARTICIPANT DETAILS

First Name: _____ Last Name: _____

Date of Birth: _____ Email: _____

Home Address: _____ Best Contact Number: _____

Instrument: _____

PARENT / GUARDIAN DETAILS

First Name: _____ Last Name: _____

Email: _____ Best Contact Number: _____

TEACHER SUPPORT

First Name: _____ Last Name: _____

Email: _____ Signature: _____

This is to certify that this student possesses the necessary musical proficiency and commitment to successfully participate in the Queensland Regional Ensemble Program (QREP-FNQ).

MEDIA I agree for the use of photos and videos of me to be taken solely for the promotional purpose of QREP.

SHIRT SIZE
XSmall Small Medium Large X-Large XX-Large

A payment link will be sent via email, at the completion of the application period AFTER placement offers are made.