

The AGS Bickford Award Application

Entrant

Name _____

Address _____

Telephone _____ Email _____

How long have you played the guitar? _____

Date of Birth (Junior Division only) _____

Teacher

Name _____

Affiliation _____ or private instructor _____

Telephone _____ Email _____

Frequency of lessons _____

When did the student start studying with you? _____

Teacher's Signature (*Required*) x _____

Entry

Junior _____ Senior _____

Selection* _____

Composer _____ Arrangement (if appl.) _____

*If the piece is an original composition, please include the score.

Senior Division Only-

Second Selection _____

Composer _____ Arrangement (if appl.) _____

All entry materials become the property of the AGS, and will not be returned. They will not be duplicated or distributed.

Signature x _____

Parent Signature x _____ (Junior Division only)