



hovens



registration information

last name

first name

address

city

province/state

postal/zip code

telephone

email

date of birth

age at time of registration

signature

date

fax, email or mail your application form and proof of age ID to the Hovens Box Office:

Hovens International Piano Competition
888 Tenth Street SW
Calgary Alberta Canada T2P 2X1
tel +1 403 299 0130 ext. 130 fax +1 403 299 0137
toll free 1 800 249 7574 in North America
boxoffice@hovens.com

For official use only:

Member number _____
Input (date) _____
Card issued (date) _____