



Please complete in block capitals and return directly to: Connie Greven-Fruehmann, Top Security Limited, Westgate House, Westgate Business Park, Ballymount, Dublin 24, D24NV63

Closing date for applications: Friday 03rd October 2025 Competition date: Friday 24th October 2025

Applications must be accompanied by a Recording (USB stick) of one piece for consideration and must not exceed 10 minutes duration in total. Professional studio recordings are not acceptable.

STUDENT'S NAME	AGE
HOME ADDRESS	
HOME TEL:	MOBILE
EMAIL ADDRESS	
NAME OF SCHOOL	
SCHOOL ADDRESS	
SCHOOL EMAIL ADDRESS	
SCHOOL TELEPHONE NUMBER	



INSTRUMENT

INSTRUMENT	TTO BE PLAYED		
		nutes in total for both. You are requ	ired to bring your own
a) Title:			
Composer: _			
b) Title:			
Composer: _			
ADDITI	ONAL INFORMA	TION	
PERFORMA	ANCE EXPERIENCE: other competition successes/awa		
	ent examinations taken in your ir		
YEAR	GRADE	RESULT	
YEAR	GRADE	RESULT	
EXAMINING	BODY		
SCHOOL MUS	SIC TEACHER'S NAME		
			K CAPITAL LETTERS)
PARENT'S SIG	GNATURE:		
APPLICANT'S	S SIGNATURE		
DATE			