2010 NATIONAL MUSIC FESTIVAL 1 (877) 323-3263
DELEGATE & DESIGNATE MEDICAL FORM

Please print clearly or type in this document and print. This form can be faxed to 1-613-824-5098 or mailed to: FCMF, 1104 Charest Way Orleans, ON K4A 4B1 or emailed to gary@fcmf.org
Competitions will be held August 13 – 15, 2010 in Montreal at McGill University.

For Designates and Delegates only. Accompanists have a separate waiver included in the Accompanist Forms they have received – As per a motion passed at the FCMF 2007 Annual General Meeting, all delegates and designates attending the National Music Festival must complete and sign a medical information form. Please be assured that any information you provide will be kept confidential.

_____ _____ _____
Name of Delegate/Designate Male Female Birth Date (MM/DD/YYYY)

_____ _____ _____ _____
Permanent Address City Province Postal Code

Permanent Phone Number _____ Cell Phone Number _____

Email _____

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Medical Information

Provincial Health Care # _____ Allergies _____ Medications _____

Medical Conditions _____ Contact person in case of emergency _____

Contact Person's Phone _____

Any changes to this information must be emailed to gary@fcmf.org