



Please fill in this form carefully and return it to us - by email - along with your proof of age and video by Friday October 23rd, 2026.

First Name		Surname Family name	
Instrument		Date of Birth	
Home Address			
		Eircode/Postcode	
Email		Mobile No.	
Parent/ Guardian Name (under 18 only)		Parent/ Guardian email (only under 18)	
School/ College/ University Name		School/ College/ University Location	
Term time address (if different)			
		Eircode/Postcode	
Weekend music school/ jazz band or other jazz ensemble			
Interests			
Where did you hear about our event?			

Do you have a disability or health issue, including mental health

No Yes

If yes please let us know how we can help you in your application

Please fill in the boxes below to let us know what you're playing on your video:

Name of Piece	Composer

I agree to take part in Limerick Jazz Young Musician 2026 and abide by its rules

Yes

I consent to the recording of my contribution subject to the rules, terms and conditions, which I have read

Yes

Your Signature

Parent/ Legal Guardian Signature (under 18 only)