



CHAMBER MUSIC COMPETITION 2019 APPLICATION FORM

Please enter the ensemble name: _____

Repertoire to be presented (list complete title of the work including i.e. opus number):

1. Full Work: _____

2. Contrasting work or movement _____

Members of the ensemble (The first name will act as the primary contact for the group.):

1. Name: _____

email: _____

Instrument: _____

2. Name: _____

email: _____

Instrument: _____

3. Name: _____

email: _____

Instrument: _____

4. Name: _____

email: _____

Instrument: _____

5. Name: _____

email: _____

Instrument: _____

Signature of all ensemble members: _____

Date: _____

Signature of approval from Coach: _____

Date: _____