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FISCHOFF

NATIONAL CHAMBER
MUSIC COMPETITION

46th Annual Fischhoff National Chamber Music Competition University of Notre Dame - South Bend, Indiana

Please fill out this form and mail to: Fischhoff, Attn: Miki Strabley, 301 Brownson Hall, Notre Dame IN 46556

2019 Competition Entry Form[®]

For Office Use – Video Audition Round

Fischhoff # _____

Fee _____ Age/ID _____

Repertoire _____ Video Link _____

Ensemble Information

Ensemble Name: _____ *Please provide phonetic pronunciation:*

City/State: _____

School: (if applicable) _____

Website: (optional) _____

Six-digit Video Code # ____ ____ ____ ____ - ____ ____ (choose 6 numbers; for example, 8675-30)

Mark the appropriate choices.

Division: __ Junior Wind & Brass __ Junior String & Piano __ Senior Wind & Brass __ Senior String & Piano

Wind Type: __ Brass __ Woodwind __ Saxophone Other: _____

Does instrumentation include piano? __ Yes __ No

Number of members: __ 3 __ 4 __ 5 __ 6

Contact Person Name: _____

E-mail: _____ Phone: _____

(Email is the primary means of contact. Please provide an accurate address and check email frequently.)

Address: _____

City: _____ State: _____ Zip: _____

Is this a permanent address, valid after May 12, 2019? __ Yes __ No

If no, provide a permanent address:

Contact Person Status: __ Ensemble Member __ Coach __ Parent Other (specify): _____

PayPal Information: _____ **Date of Payment:** _____

Payer Name: _____ **Payer Email Address:** _____

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Please provide requested information below.

A) We are interested in performing for a Soiree (see Sr. Division rulebook page 4): Yes No

B) We are interested in participating in the PACMan Program (see Jr. Division rulebook page 4): Yes No

C) Our ensemble includes at least one member with a U.S. tax identification or social security number: Yes No

In compliance with IRS requirements, at least one member of a prize winning ensemble (or guardian if under 18) must have a valid U.S. Social Security number or U.S. Tax ID number; otherwise, a percentage of winnings will be withheld for federal taxes.

D) How did you learn of the Fischhoff Competition? (Mark all that apply.)

Teacher/Coach/Director Magazine Ad (specify) _____ Fischhoff Poster (where?) _____

Competition Directory Previous Entry Musicians Web site (specify) _____

Other (please specify) _____

E) Briefly state any distinctive or unique features about your ensemble. Please do *not* confine your comments to solely musical matters. This information will be used to encourage media interest and will not be made available to jurors.

If your ensemble has a high resolution photo, please email it to: Carmen@fischhoff.org

Senior Division: (The ensemble's contact person must certify the following statement):

"By checking the box below, I verify that this ensemble meets all eligibility and entry requirements. I affirm that each ensemble member is aware of, and will abide by, all competition rules. Each member is informed of, and accepts, all responsibilities implied and stated with this entry into the competition."

I Agree. Name: _____ Date: _____

Junior Division: (An adult must accept responsibility for the ensemble and certify the following statement):

"By checking the box below, I certify that this ensemble meets all eligibility and entry requirements. I affirm that all ensemble members and their parents/guardians are aware of, and will abide by, all competition rules. Each member and parent/guardian is informed of, and accepts, all responsibilities implied and stated with this entry into the competition."

I Agree. Name: _____ Date: _____

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2019 Fischhoff National Chamber Music Competition

Member Information

Note: Parent/Guardian information is required for Junior Division & is respectfully requested for Senior Division (for future reference).

Member 1 - Instrument _____ E-mail: _____
Name: _____ Birthdate: (month/day/year) _____
Address: _____ Age on 5/12/19 _____
City: _____ State: _____ Zip: _____ Country of Birth: _____
Primary Phone: _____ Have you previously performed at the Fischhoff Competition? Yes No
If yes, list ensemble name(s) & year(s) _____
Have you previously won a prize in the Fischhoff National Chamber Music Competition? Yes No
If yes, mark prize: **Division:** Junior Senior **Category:** Wind String **Place:** Grand First Second Third
Geoffroy American Brass Quintet Prize Honorable Mention
Parent/Guardian Names/Address: _____
Parent/Guardian Phone: _____ E-mail: _____

Member 2 - Instrument _____ E-mail: _____
Name: _____ Birthdate: (month/day/year) _____
Address: _____ Age on 5/12/19 _____
City: _____ State: _____ Zip: _____ Country of Birth: _____
Primary Phone: _____
Have you previously performed at the Fischhoff Competition? Yes No
If yes, list ensemble name(s) & year(s) _____
Have you previously won a prize in the Fischhoff National Chamber Music Competition? Yes No
If yes, mark prize: **Division:** Junior Senior **Category:** Wind String **Place:** Grand First Second Third
Geoffroy American Brass Quintet Prize Honorable Mention
Parent/Guardian Names/Address: _____
Parent/Guardian Phone: _____ E-mail: _____

Member 3 - Instrument _____ E-mail: _____
Name: _____ Birthdate: (month/day/year) _____
Address: _____ Age on 5/12/19 _____
City: _____ State: _____ Zip: _____ Country of Birth: _____
Primary Phone: _____
Have you previously performed at the Fischhoff Competition? Yes No
If yes, list ensemble name(s) & year(s) _____
Have you previously won a prize in the Fischhoff National Chamber Music Competition? Yes No
If yes, mark prize: **Division:** Junior Senior **Category:** Wind String **Place:** Grand First Second Third
Geoffroy American Brass Quintet Prize Honorable Mention
Parent/Guardian Names/Address: _____
Parent/Guardian Phone: _____ E-mail: _____

Please do not staple. Thanks!

Member Information continued...

Member 4 - Instrument _____ E-mail: _____
Name: _____ Birthdate: (month/day/year) _____
Address: _____ Age on 5/12/19 _____
City: _____ State: _____ Zip: _____ Country of Birth: _____
Primary Phone: _____
Have you previously performed at the Fischhoff Competition? Yes No
If yes, list ensemble name(s) & year(s) _____
Have you previously won a prize in the Fischhoff National Chamber Music Competition? Yes No
If yes, mark prize: **Division:** Junior Senior **Category:** Wind String **Place:** Grand First Second Third
Geoffroy American Brass Quintet Prize Honorable Mention
Parent/Guardian Names/Address: _____
Parent/Guardian Phone: _____ E-mail: _____

Member 5 - Instrument _____ E-mail: _____
Name: _____ Birthdate: (month/day/year) _____
Address: _____ Age on 5/12/19 _____
City: _____ State: _____ Zip: _____ Country of Birth: _____
Primary Phone: _____
Have you previously performed at the Fischhoff Competition? Yes No
If yes, list ensemble name(s) & year(s) _____
Have you previously won a prize in the Fischhoff National Chamber Music Competition? Yes No
If yes, mark prize: **Division:** Junior Senior **Category:** Wind String **Place:** Grand First Second Third
Geoffroy American Brass Quintet Prize Honorable Mention
Parent/Guardian Names/Address: _____
Parent/Guardian Phone: _____ E-mail: _____

Member 6 - Instrument _____ E-mail: _____
Name: _____ Birthdate: (month/day/year) _____
Address: _____ Age on 5/12/19 _____
City: _____ State: _____ Zip: _____ Country of Birth: _____
Primary Phone: _____
Have you previously performed at the Fischhoff Competition? Yes No
If yes, list ensemble name(s) & year(s) _____
Have you previously won a prize in the Fischhoff National Chamber Music Competition? Yes No
If yes, mark prize: **Division:** Junior Senior **Category:** Wind String **Place:** Grand First Second Third
Geoffroy American Brass Quintet Prize Honorable Mention
Parent/Guardian Names/Address: _____
Parent/Guardian Phone: _____ E-mail: _____

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2019 Fischhoff National Chamber Music Competition
Repertoire Form: Video Audition

Please list only the repertoire included with your video audition.

Six-digit Video Code # ____ ____ ____ ____ - ____ ____ *(the 6 numbers of your choosing from page 1)*

Repertoire Requirements: See the Senior & Junior Division rulebooks page 1 for **video audition** requirements.
Contact the Fischhoff office by email with any repertoire questions prior to the deadline: Miki@fischhoff.org

For each video audition work performed list:

- Title & Composer (including year of birth/death)
- Movements with timings in minutes/seconds
- Total playing time for each work in minutes/seconds
- At the end of the entire program, list overall **video audition** playing time in minutes/seconds.