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FISCHOFF

47th Annual Fischhoff National Chamber Music Competition

Please fill out this form and mail with proof of age to:
Fischhoff, Attn: Miki Strabley, 119 Haggard Hall, Notre Dame IN 46556

2020 Competition Entry Form[®]

For Office Use – Video Audition Round

Fischhoff # _____

Fee _____ Age/ID _____

Repertoire _____ Video Link _____

Ensemble Information

Ensemble Name: _____

City/State: _____ School: (if applicable) _____

Please provide ensemble name phonetic pronunciation: _____

Website & Social Media pages: (if applicable) _____

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

Mark the appropriate choices.

Division: Junior Wind Junior String Senior Wind Senior String

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 10, 2020? Yes No

If no, provide a permanent address:

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

PayPal Information:

Payer Name: _____

Payer Email Address: _____

Date of Payment: _____

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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 Kara Kane, Interim Executive Director: kara@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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2020 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 5/10/20 _____
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 5/10/20 _____
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 5/10/20 _____
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 5/10/20 _____
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 5/10/20 _____
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 5/10/20 _____
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: _____