



For office use only: \_\_\_\_\_

# FISCHOFF

## 48<sup>th</sup> Annual Fischhoff National Chamber Music Competition

*The 48<sup>th</sup> Annual Competition will be held virtually.*

Please fill out this form and email with proof of age & video links to Miki Strabley: [miki@fischhoff.org](mailto:miki@fischhoff.org)  
by 11:59 pm Eastern, Wednesday, March 3, 2021  
See pages 4-6 of the rulebook for complete entry instructions and checklist.

### 2021 Competition Entry Form<sup>®</sup>

**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 16, 2021?    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:** \_\_\_\_\_

**Please provide requested information below.**

- A) We are interested in performing for a Soiree (Sr. Division rulebook page 3): Yes No  
B) We are interested in participating in the virtual PACMan Program (Jr. Division rulebook page 3): Yes No  
C) Our ensemble includes at least one member with a U.S. tax identification or social security number: Yes No

Or for foreign ensembles:

- D) Our ensemble includes at least one member whose country has a tax agreement with the U.S. and is eligible to use Form W-8BEN 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 or eligibility for Form W-8BEN; otherwise, a percentage of winnings will be withheld for federal taxes.*

- E) 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, Executive Director: [kara@fischhoff.org](mailto: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: \_\_\_\_\_

# 2021 Fischhoff National Chamber Music Competition

## Member Information

Parent/Guardian information is required for Junior Division. Senior Division please use these fields to indicate a permanent address.

**Member 1** - Instrument \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: (month/day/year) \_\_\_\_\_  
Address: \_\_\_\_\_ Age on 5/16/21 \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

Please indicate how you identify yourself (check all that apply): American Indian or Alaska Native Asian Black or African American  
Hispanic or Latino Native Hawaiian or Other Pacific Islander White

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 5/16/21 \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_

Please indicate how you identify yourself (check all that apply): American Indian or Alaska Native Asian Black or African American  
Hispanic or Latino Native Hawaiian or Other Pacific Islander White

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 Information continued...*

**Member 3** - Instrument \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: (month/day/year) \_\_\_\_\_  
Address: \_\_\_\_\_ Age on 5/16/21 \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Please indicate how you identify yourself (check all that apply): American Indian or Alaska Native Asian Black or African American  
Hispanic or Latino Native Hawaiian or Other Pacific Islander White  
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 4** - Instrument \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: (month/day/year) \_\_\_\_\_  
Address: \_\_\_\_\_ Age on 5/16/21 \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Please indicate how you identify yourself (check all that apply): American Indian or Alaska Native Asian Black or African American  
Hispanic or Latino Native Hawaiian or Other Pacific Islander White  
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 Information continued...*

**Member 5** - Instrument \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name: \_\_\_\_\_ Birthdate: (month/day/year) \_\_\_\_\_  
Address: \_\_\_\_\_ Age on 5/16/21 \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Please indicate how you identify yourself (check all that apply): American Indian or Alaska Native Asian Black or African American  
Hispanic or Latino Native Hawaiian or Other Pacific Islander White  
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 5/16/21 \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Please indicate how you identify yourself (check all that apply): American Indian or Alaska Native Asian Black or African American  
Hispanic or Latino Native Hawaiian or Other Pacific Islander White  
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: \_\_\_\_\_