



REGISTRATION FORM

Please submit one form per ensemble by **February 11, 2019** if you are applying for the following divisions: College, Graduate, Young Artist. If you are applying for the Junior, High School, or Community Division, please submit this form no later than **February 25, 2019**. A \$35 application fee per person will apply to all applications submitted after February 4th. Applications submitted before this date may be submitted with the early-bird registration fee of \$25 per person. Please make sure all writing is clear and legible.

Ensemble Name _____

Division (circle one) Junior High School College Graduate Community Young Artist

Ensemble Coach _____

Coach's

Email _____ Phone _____

If you would like to include another contact person(s) to receive emails regarding the festival such as a parent or guardian, please provide their contact information below.

1. Name, Relation to Applicant _____

Email _____ Phone _____

2. Name, Relation to Applicant _____

Email _____ Phone _____

3. Name, Relation to Applicant _____

Email _____ Phone _____

4. Name, Relation to Applicant _____

Email _____ Phone _____

Ensemble Members

1. Name _____

Email _____ Phone _____

Instrument _____ School _____ Year in School _____

Mailing Address _____

2. Name _____

Email _____ Phone _____

Instrument _____ School _____ Year in School _____

Mailing Address _____

3. Name _____

Email _____ Phone _____

Instrument _____ School _____ Year in School _____

Mailing Address _____

4. Name _____

Email _____ Phone _____

Instrument _____ School _____ Year in School _____

Mailing Address _____

5. Name _____

Email _____ Phone _____

Instrument _____ School _____ Year in School _____

Mailing Address _____

6. Name _____

Email _____ Phone _____

Instrument _____ School _____ Year in School _____

Mailing Address _____

7. Name _____

Email _____ Phone _____

Instrument _____ School _____ Year in School _____

Mailing Address _____

8. Name _____

Email _____ Phone _____

Instrument _____ School _____ Year in School _____

Mailing Address _____

How did you discover us? (Please specify.)

Flier: _____

School: _____

Teacher: _____

Friend: _____

Friends of Music: _____

Culture Collision: _____

Other: _____

Repertoire

If submitting a pre-screening recording, please list the composer, title, and movement here:

Please list the repertoire you plan to play for the live audition here. (Applies to all participants.):

Composer of Musical Work #1 (include dates) _____

Title of Musical Work #1 (include movement #(s) and title(s), if applicable)

Composer of Musical Work #2 (include dates) _____

Title of Musical Work #2 (include movement #(s) and title(s), if applicable)

Duration of Selected Repertoire for music to be performed on March 30th. Please include the duration of each individual movement as well as the total duration of movements combined.

If your group has any special needs or requests for the day of the competition, please describe below. The competition will begin at 9 am and could last until 6 pm. We will do our best to honor scheduling requests, and preference will be given to the groups who submit their forms earliest.

Will you be present for all three days of the festival? If not, please specify which days. Please note, group rates are available at the Alder Hotel Uptown (www.alderhotel.com) for ensembles traveling from out of town. Contact us for further details at your earliest convenience. Rooms fill quickly and are provided on a first come first serve basis.

Deadline: Registration forms must be postmarked or received no later than **February 11, 2018** for the College, Graduate, and Young Artist Divisions and postmarked or received by **February 25, 2018** for the Junior, High School, and Community Divisions.

Registration Fee: A non-refundable registration fee must be included with the registration form. Please make note if one or multiple members of your ensemble have already submitted their application fee with an additional group.

DVD Fee: \$15 per DVD

Number of Copies: _____

Total Fee Enclosed _____

Checks should be made payable to **Lyrice Baroque**.

Mail completed registration form and check to:

NOLA Chamber Fest
% Lyrice Baroque
PO Box 750524
New Orleans, LA 70175