



REGISTRATION FORM

Please submit one form per ensemble by March 8, 2018. Postmarked date is March 3rd if mailing in a hard copy. Please make sure all writing is clear and legible.

Ensemble Name _____

Division (circle one) Junior High School College Graduate Community

Ensemble Coach _____

Coach's

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

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)

Total Duration of Selected Repertoire (about 20 minutes is recommended) _____

During the competition, judges will select a 5-10 minute excerpt for you to play from your selected repertoire.

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.

Deadline: Registration forms must be postmarked no later than **March 3, 2018** and received by **March 8, 2018**.

Registration Fee: A non-refundable registration fee must be included with the registration form.

Duo: \$50	Quartet: \$100	Sextet: \$150	Octet: \$240
Trio: \$75	Quintet: \$125	Septet: \$180	

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