

## **ENSEMBLES ENTRY FORM**

For all duets, trios, quartets, other ensembles plus Bands & Orchestras

## **BARRIE MUSIC FESTIVAL 2015**

80 Bradford Street, Unit 707, Barrie, ON L4N 6S7 (705) 726-1764 Email: info@barriemusicfestival.com

Entry deadline: January 30, 2015 PLEASE PRINT CLEARLY

PLEASE PRINT CLEARLY

Please use a SEPARATE form for each duet, trio, ensemble, etc.								
Surname of 0	Contact (teacher)				First name:			
School/Ense	mble/ e (if applicable)							
Address:	(II applicable)				City:	Postal Co	ode:	
Home Phone	):		Email:					
Comments/								
Requests:								
	Please check	one: Due			⊒ Quintet □ B	3and ☐ Or	chestra	
<del> </del>			☐ Othe	er Ensemble	<u>e</u>			
		QUETS_TRIOS	QUARTETS CO	MDLETE ALL	INFORMATION IN	THIS ROX		
	ISEMBLES of 6 o	or more need on		e top line belo	w by Jan. 30/15. F			
Class No:		Class name:			Accurate performance time:		Fee:	
For th	e following, if applica		., K, BWV etc. Included include full name of r		nbers and names; If a S applicable;	tudy, include na	ame and number;	
Title of piece:								
Composer:			Arranger/b	book/ ow (if applicable):				
	PANDS	ORCHESTR.	•		ASE COMPLETE	TUIS SEC	TION	
No. of		me of Conductor:	15 and Englin	Name of	ASI-GOWIA		Level (Jr., Int, Sr.)	
Performers:				Ensemble:				
	BA	NDS & ORCH	ESTRAS ONL	Y: list secon	d selection here,	if known:	<u></u>	
Class No: Class name: Accurate performance time:							Fee:	
For th	e following, if applica		., K, BWV etc. Includence of r	de movement num	mbers and names; If a S	tudy, include n	ame and number;	
Title of piece:			10.002					
Composer:			Arranger/b	hook/				
Oompood				ow (if applicable):				
	DUETS, T	RIOS, QUART	TETS, QUINTE	TS LIST ALL	COMPETITOR'S			
#	Competitors Nan	nes (First/Last)	Instrument	Phone	Current level of study (grade)	Age as of Dec. 31/14	Birth Date (MM/DD/YY)	
1							Ţ	
2					<u> </u>		<u> </u>	
3				+				
5				+	+			
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I would like to support the Barrie Music Festival. Tax receipts will be issued for all donations. If donating, please complete the information below:							otal class es:	
Name							onation:	
Street City:								
Postal Code: Phone: Email:								
Please	Please make cheques payable to: Barrie Music Festival Association – 80 Bradford Street, Suite 707,							
Barrie ON L4N 6S7 enclosed: \$								