

# Accent09

## Chamber Music Competition

### Application Form

**IMPORTANT! Please print out this application, fill it out, and bring it together with your application fee to:**

Dorotea Vismara Hoffman, Artistic Director Accent09 Festival.

ENSEMBLE NAME: \_\_\_\_\_

#### PERFORMERS

Name 1: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Date of Birth (MM/DD/YY): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

Name 2: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Date of Birth (MM/DD/YY): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

Name 3: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Date of Birth (MM/DD/YY): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

Name 4: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Date of Birth (MM/DD/YY): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

Name 5: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Date of Birth (MM/DD/YY): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

Name 6: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Date of Birth (MM/DD/YY): \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

We wish to enter the Accent08 Chamber Music Competition on June 19, 2008.

We wish to audition for performance of (composer) \_\_\_\_\_  
(title) \_\_\_\_\_ movement(s) \_\_\_\_\_

We understand that our application will only be taken into consideration if received with the \$10 application fee per each participant (checks payable to: University of Cincinnati).

Applications will be accepted June 17, 2009. A maximum of 12 groups will be allowed to compete, on a first come-first serve basis. Ensembles presenting more than 15 min. of music will be disqualified.