



Chesapeake Chamber Music Competition

PO Box 461

Easton, MD 21601

Ph. 410.819.0380

Application

Please read the Rules of the Competition and complete all parts of the application. Make sure that (1) your application is properly signed; (2) you have enclosed your application fee; (3) you have enclosed three copies of your audition CD. Please label the audition CD with a title other than that of the group or its members and list the title where indicated in the application below. Please note the certification at the end of the application. The application must be postmarked no later than November 30, 2011, and sent to:

Chesapeake Chamber Music Competition, PO Box 461, Easton, MD 21601

Name Of Ensemble:	<input type="text"/>
Audition CD Title:	<input type="text"/>
Audition CD Content:	<input type="text"/>

For each member of the ensemble please provide:

Name:	<input type="text"/>	Phone:	<input type="text"/>
Instrument:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Birthday:	<input type="text"/>
	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	Phone:	<input type="text"/>
Instrument:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Birthday:	<input type="text"/>
	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	Phone:	<input type="text"/>
Instrument:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Birthday:	<input type="text"/>
	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	Phone:	<input type="text"/>
Instrument:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Birthday:	<input type="text"/>
	<input type="text"/>	Signature:	<input type="text"/>

Name:	<input type="text"/>	Phone:	<input type="text"/>
Instrument:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Birthday:	<input type="text"/>
	<input type="text"/>	Signature:	<input type="text"/>

To whom should communications to the ensemble be addressed?

Name:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>	Alt #1:	<input type="text"/>
Address:	<input type="text"/>	Alt #2:	<input type="text"/>
	<input type="text"/>	Fax:	<input type="text"/>

Certification: By the submission of this application, the ensemble and each of its members certify that they satisfy all requirements and will comply with all obligations, under the Rules of the Chesapeake Chamber Music Competition.

Application fee of \$ <input type="text"/>
(number of members x \$30 US) payable to "Chesapeake Chamber Music Competition" is enclosed.
Date: <input type="text"/>
How did you learn about this Competition?
<input type="text"/>