



# SMALL ENSEMBLES ENTRY FORM

For all duets, trios, quartets, etc

BARRIE MUSIC FESTIVAL 2017  
 80 Bradford Street, Unit 702, Barrie, ON L4N 6S7 (705) 726-1764  
 Email: [info@barriemusicfestival.com](mailto:info@barriemusicfestival.com)



**Entry deadline: January 27, 2017**  
**PLEASE PRINT CLEARLY**

**Please use a SEPARATE form for each duet, trio, ensemble, etc.**

Teacher Name (first name, last name) \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address 2 \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Teacher Email: \_\_\_\_\_ Teacher Phone #: \_\_\_\_\_

Comments/Special Scheduling Requests:

\*\*\*IMPORTANT\*\*\* If you have special scheduling needs, special needs for competitors, or other comments, please list them here. Please understand that we will do our best to schedule competitions around your timing requests or other needs, but it CANNOT BE GUARANTEED. Once fees are submitted they cannot be refunded. If you have any questions, please contact the Festival Office at 705-726-1764 before submitting this application.

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<b>Please check one: <input type="checkbox"/> Duet <input type="checkbox"/> Trio <input type="checkbox"/> Quartet <input type="checkbox"/> Quintet <input type="checkbox"/> Other Ensemble</b>
<b>DUETS, TRIOS, QUARTETS, QUINTETS COMPLETE ALL INFORMATION BELOW</b>
<b>ENSEMBLES of 6 or more need only complete the top line below by Jan. 27/17. Repertoire Due: Feb 15, 2017</b>

#	Competitors Names (First/Last)	Instrument	Email Address	Phone	Current level of study (grade)	Age as of Dec. 31/16	Birth Date (MM/DD/YY)
1							
2							
3							
4							
5							

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1

Class No:	Class name:	Accurate performance time:	Fee:
<b>For the following, if applicable include Op. No., K, BWV etc. Include movement numbers and names; If a Study, include name and number;          Include full name of movie or show, if applicable;</b>			
Title of piece:		Opus No, BWV, etc.	
Movement number and name			
Composer:		Arranger/book/ Level/Show:	

2

Class No:	Class name:	Accurate performance time:	Fee:
<b>For the following, if applicable include Op. No., K, BWV etc. Include movement numbers and names; If a Study, include name and number; Include full name of movie or show, if applicable;</b>			
Title of piece:		Opus No, BWV, etc.	
Movement number and name			
Composer:		Arranger/book/ Level/Show:	

Class No:	Class name:	Accurate performance time:	Fee:
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3

<b>For the following, if applicable include Op. No., K, BWV etc. Include movement numbers and names; If a Study, include name and number; Include full name of movie or show, if applicable;</b>			
Title of piece:		Opus No, BWV, etc.	
Movement number and name			
Composer:		Arranger/book/ Level/Show:	

<b>I would like to support the Barrie Music Festival. Tax receipts will be issued for all donations. If donating, please complete the information below:</b>			Total class fees:
Name			Donation:
Street		City:	Paper Processing fee <b>\$ 15</b> (per entry - this fee is waived if applying online)
Postal Code:	Phone:	Email:	
<b>Please make cheque payable to: Barrie Music Festival Association 80 Bradford Street, Suite 702, Barrie ON L4N 6S7</b>			Total enclosed: \$