



Vivace Music Competition

2017 ENSEMBLE APPLICATION

Eligible Instruments: Violin, Viola, Cello and Double Bass

Audition Date: Sunday, April 2, 2017 Application/Fee Deadline: Feb 28, 2017
Audition location: "The Marian Center" Villa Maria Academy 370 Centre Ave, Malvern PA
Application Fee: Ensemble: \$40 each member --10 minutes (maximum)

Please choose one person in your ensemble to be responsible with the application form. Please PRINT CLEARLY.

Composition to be presented: _____

Length of the piece (10 minutes maximum): _____ * note cuts are allowed

#1 Performer's Name: _____

Address: _____
(Street) (City, state) (Zip code)

Telephone: _____ - _____ - _____ E-mail: _____

Age by April 2, 2017: _____ Birth Date: ____/____/____

School: _____ Grade: _____ Instrument: _____

Division: (Children, Junior or Senior): _____

Year in Vivace Music Competition: _____

Parents' Name: _____

Private Teacher's Name _____

Address: _____
(Street) (City, state) (Zip code)

Telephone: _____ - _____ - _____ Email: _____

#2 Performer's Name: _____

Address: _____
(Street) (City, state) (Zip code)

Telephone: _____ - _____ - _____ E-mail: _____

Age by April 2, 2017: _____ Birth Date: ____/____/____

School: _____ Grade: _____ Instrument: _____

Division: (Children, Junior or Senior): _____

Year in Vivace Music Competition: _____

Parents' Name: _____

Private Teacher's Name _____

Address: _____
(Street) (City, state) (Zip code)

Telephone: _____ - _____ - _____ Email: _____

*If you need more space for more performers, please attach their information to this application.

Media Authorization Form

I give permission for my child to be included in any media Coverage, including Vivace/Chamber Strings' website, that is related to Vivace/Chamber Strings activities.

Yes ___ No ___

I give permission for my child's photo to be used in brochures promoting Vivace/Chamber Strings.

Yes ___ No ___

I give permission for my child to be videotaped or video-recorded while performing for an audition or instructional purposes.

Yes ___ No ___

Parent/Guardian's Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____

1. Competition fee: Please mail the check or money order to: “**Vivace**” along with your application form. Your application will not be considered complete until payment is received.

Mail to: Ms. Leah Kim

Villa Maria Academy Music Department

370 Central Ave. Malvern PA 19355

2. There will be a winners’ concert for ALL winners (MANDATORY to attend/perform.) Competition winners will be listed in the program and on the Vivace website. For more details about the Winners’ concert, see 2017 Vivace Competition Rules and Regulations outline.

Please refer any questions to Ms. Leah at vivacecompetition2017@gmail.com

Phone: 610-644-2551 (ext 1044)