

# SYRACUSE FRIENDS of CHAMBER MUSIC

## Youth Competition Entry Form

Primary contact name \*  Primary contact phone (w/ area code) \*

Primary contact email \*

Primary contact mailing address \*

Coach name \*  Coach phone (with area code) \*

Coach email \*

Coach mailing address \*

Type of ensemble (string quartet, flute trio, etc.) \*

Number of musicians in ensemble (3-8) \*

Musicians in ensemble:

	Name	Complete Mailing Address	School	Grade	Instrument
Musician 1 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Musician 2 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Musician 3 *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Musician 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Musician 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Musician 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Musician 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Musician 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Music to be played

Composer, piece(s), movement names or other identifying information \*  
(Note: duration 5-15 minutes)

Comments or questions:

Print, fill out by hand and

mail to SFCM (attn: Youth Comp),  
P.O. Box 215, Dewitt, NY 13214

OR

Fill out electronically  
and email to [sfcm00@gmail.com](mailto:sfcm00@gmail.com)