



Arizona Musicfest

CHAMBER ENSEMBLE COMPETITION

Performer and Parent Information

This form is to be completed for **each** member of the ensemble in completion of the application.

Completed forms must be uploaded to the application at azmusicfest.org/competitions.

Ensemble Name: _____

Performer Information

| | | | | |
|---------------------------------|-------------------|---------------|----------------|---------------|
| Full Legal Name | Last Name | First Name | Middle Initial | Date of Birth |
| Address | Number / Street | City | State | Zip Code |
| Home Phone Number | Cell Phone Number | Email Address | | |
| Name of School | Grade | | | |
| Instrument <i>(please list)</i> | | | | |

Parent or Legal Guardian Information

| | | | | |
|-------------------|-------------------|---------------|-------|----------|
| Full Legal Name | Last Name | First Name | | |
| Address | Number / Street | City | State | Zip Code |
| Home Phone Number | Cell Phone Number | Email Address | | |

Questions? Please contact competitions@azmusicfest.org