



3<sup>rd</sup> Annual

## Coltman Chamber Music Competition

Sponsored by Classical KMFA

**Sunday, February 5, 2012: 3:00-6:00 PM**

**Armstrong Community Music School – Ducloux Hall, 901 Barton Springs Rd.**

### Eligibility Requirements:

- Students must enroll as a pre-formed chamber ensemble (2-6 players) i.e. Woodwind Quintet, String Quartet, Piano Trio, etc. Individuals will not be permitted to audition.
- Any chamber ensemble combination is eligible with the following, exceptions: 1) piano 4 hands, 2) Piano Duo (2 pianos) 3) concertos, arrangements, or transcriptions for piano and one other instrument (all duos must have equal parts, such as sonatas or equivalent works).
- All participants must be 19 or under in age.
- Live auditions only – VHS/DVD auditions will NOT be accepted.

### Repertoire Requirements & Regulations:

- Audition program must not exceed 10 minutes and is limited to 1 piece or movement of a piece per ensemble.
- All auditioning ensembles must have an original score (*no copies will be accepted*) for the judge at the time of check-in (30 minutes prior to your scheduled audition time).
- Ensembles must perform without conductor. Repeats are not advised and cuts within the music is not permitted. Changes in personnel cannot take place between audition and performance time.
- This competition will be open to the public but no photography or video will be permitted.
- Individuals may enter the competition in more than one chamber ensemble but the other members of the second ensemble must be different.
- There is to be no interaction between the judge(s) and participants prior to and during the competition. Doing so will disqualify your ensemble from the competition.
- Ensemble winners are based on the final decision of the judge. Judges' comment sheets will be mailed to participants within two weeks of the competition.
- Pianists must supply their own page-turner during the competition.
- **Winning ensembles will be announced at 6:00pm. All ensembles should attend.**

### **Chamber Ensemble 1<sup>st</sup> Place Prize Winner:**

- \$500.00 ensemble cash prize (*Cash award will be given at the last scheduled performance*).
- Partial Scholarship to ACMC's Summer Workshop OR 2012-13 Young Artists Academy.
- Live taping & interview with Dianne Donovan on KMFA
- Pre-show performance at an ACMC *Synchronisms* Concert during the 2012 spring semester - **winning ensemble must perform to receive cash award.**

### **Chamber Ensemble 2<sup>nd</sup> Place Prize Winner:**

- \$250 ensemble cash prize (*Cash award will be given at the last scheduled performance*).
- Partial Scholarship to ACMC's 2012 Summer Workshop or 2012-13 Young Artists Academy.
- Pre-show performance at an ACMC *Synchronisms* Concert during the 2012 spring semester.

**Entry Fee: \$15.00 per ensemble member** (enclose 1 check per ensemble with application made out to ACMC)

**Application & Entry Fee Deadline: February 1, 2012** (no applications will be accepted after this date)

**Send your Application and Entry Fee (payable to ACMC) to:**

ACMC  
Attn: Director of Education  
3814 Medical Parkway  
Austin, TX 78756

**For questions contact Jeni at: (512) 454-7562 or [education@austinchambermusic.org](mailto:education@austinchambermusic.org).**

By submitting this Application your entire chamber ensemble agrees with the terms of the competitions rules and regulations stated above. Once your application has been processed ensembles will be contacted with their audition time.

# Chamber Ensemble Application Form

## One Application Per Ensemble

*(please type or print clearly & send in by deadline)*

Chamber Ensemble (circle one):    duo    trio    quartet    quintet    sextet

Instruments in your ensemble: \_\_\_\_\_  
*(ex. clarinet, cello, piano)*

Audition Repertoire:    Title \_\_\_\_\_

Movement Number & Name \_\_\_\_\_  
*(I, II, III, etc.)*

Composer Name \_\_\_\_\_

Composer Dates \_\_\_\_\_

Length of piece / movement \_\_\_\_\_ minutes

Chamber Ensemble Sponsor: Name \_\_\_\_\_  
*(Music Director or Chamber Ensemble Coach)*

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Sponsor's Signature \_\_\_\_\_

Contact Person within your Chamber Ensemble:

Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**(This person will be contacted by APMC's Director of Education, along with the chamber ensemble's sponsor, and will need to be sure all information gets to the other ensemble members.)**

### Each ensemble member must fill out the following information:

*(please type or print clearly – all fields required)*

#### **Student #1**

Name \_\_\_\_\_ Instrument \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Private Instructor \_\_\_\_\_

Student Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Parent Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Student #2**

Name \_\_\_\_\_ Instrument \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Private Instructor \_\_\_\_\_  
Student Email \_\_\_\_\_ Phone \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_ Parent Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Student #3**

Name \_\_\_\_\_ Instrument \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Private Instructor \_\_\_\_\_  
Student Email \_\_\_\_\_ Phone \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_ Parent Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Student #4**

Name \_\_\_\_\_ Instrument \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Private Instructor \_\_\_\_\_  
Student Email \_\_\_\_\_ Phone \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_ Parent Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Student #5**

Name \_\_\_\_\_ Instrument \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Private Instructor \_\_\_\_\_  
Student Email \_\_\_\_\_ Phone \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_ Parent Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Student #6**

Name \_\_\_\_\_ Instrument \_\_\_\_\_ Age \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Private Instructor \_\_\_\_\_  
Student Email \_\_\_\_\_ Phone \_\_\_\_\_  
Parent(s) Name \_\_\_\_\_ Parent Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_