



APPLICATION FORM: Leibnitz Chamber Music Competition

Please: download, print, fill it out and send it with your application materials to:
Europäisches Musikzentrum (EMZ), Attn. Leibnitz Chamber Music Competition
Rechbauerstrasse 9/1, 8010 Graz, Austria

PROFESSIONAL INFORMATION

I am applying for (indicate instrument and category): _____
(Please note: If you are applying as an ensemble, then only the leader of the ensemble needs to fill out this form, but must list the names of the ensemble members).

List members of the ensemble:

Professional standing (active professional, student, teacher, etc): _____

Primary specialty area: _____ Secondary (if any): _____

Current professional position (if student, indicate student): _____

Name of music employer/institution: _____

Terminal degree in music/name of institution: _____

Years of experience in your area of specialty: _____

List repertoire you intend to perform:

(continued next page)



PERSONAL CONTACT INFORMATION

Ms. Mr. (circle one)

Last/First/Middle name: _____

Preferred First name: _____

Date of Birth Month _____ Day _____ Year _____

I.D. Number: _____ Country of Citizenship _____

Current Mailing Address (valid until: Month _____ Day _____ Year _____)

Number and Street, Apartment Number: _____

City, State (Zip Code), Country: _____

Telephone Number (mobile, and land line) _____

Email Address: _____

Date and Signature: _____

PERMANENT OR HOME ADDRESS INFORMATION

(Fill out if different from information given above)

Number and Street, Apartment Number: _____

City, State Zip Code), Country: _____

Telephone Number (mobile, land line): _____

Email Address: _____

Parents' Names (if Minor under 18): _____

Day-time Telephone Number: _____

I verify that the information give here is true and correct: _____

(Signature and date)