



The KAMSA Competition Application

Ensemble

Deadline: January 2, 2019

Ensemble Name _____

Instruments _____

Street Address _____

City _____ Zip Code _____

Phone/Mobile _____ E-mail _____

Ensemble Representative Parent/Guardian Name _____

Phone/Mobile _____ E-mail _____

Coach Name _____

Phone _____ E-mail _____

Repertoire _____ Length (min:sec) _____

Movement(s) _____ Composer _____

We have read and agree to abide by the competition rules.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please make the check payable to KAMSA. Send application form, proof of age and \$40 per person for an ensemble fee to:
KAMSA (c/o YS Shin) 1044 Bentoak Lane, San Jose, CA 95129

Please send e-mails to KAMSA.INFO@GMAIL.COM if you have any questions.

Please list all ensemble information on the following page.

1st Member

Last Name _____

First Name _____

Instrument _____

Date of Birth _____

2nd Member

Last Name _____

First Name _____

Instrument _____

Date of Birth _____

3rd Member

Last Name _____

First Name _____

Instrument _____

Date of Birth _____

4th Member

Last Name _____

First Name _____

Instrument _____

Date of Birth _____

5th Member

Last Name _____

First Name _____

Instrument _____

Date of Birth _____

6th Member

Last Name _____

First Name _____

Instrument _____

Date of Birth _____

7th Member

Last Name _____

First Name _____

Instrument _____

Date of Birth _____

8th Member

Last Name _____

First Name _____

Instrument _____

Date of Birth _____