**Chamber Music Application Form**

Please Type (Hand Written Applications will not be accepted!)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  |  | **Are you a member?** | [ ] Yes [ ]  No |
|  | MM / DD / YY |  | If you have individual membership, please indicate your number below) |
|  |
| **Name:** |  |  |  |  |
|  | Last | First | Middle Initial | Independent Membership # (*if teacher not a member)* |
|  |
| **Date of Birth:** |  | **Age:** |  | **Years of Study:** |  |
|  |
| **Address:** |  |
|  | Street |  |  |
|  |
|  |  |  |  |  |  |
|  | City | State | Zip Code | Telephone | E-mail [ Mandatory] |
|  |
| **Teacher's Name:** |  |  |
|  | Membership # [ Mandatory if not individual #] |
|  |
| **Teacher's Information:** |  |  |
|  | Telephone | E-mail [ Mandatory] |
|  |
| **Ensemble Partner:** |  | **Instrument(s):** |  |
|  |  |
| **Ensemble Partner:** |  | **Instrument(s):** |  |
|  |  |
| **Ensemble Partner:** |  | **Instrument(s):** |  |
|  |  |
| **Ensemble Partner’s Teacher Information:** |  |  |
|  | Telephone | E-mail [ Mandatory] |

Please list your performance repertoire including the following: Composer, Title, Opus, Movements.

|  |  |
| --- | --- |
| **Work:** |  |
|  | ***Must Include Name, Opus Number or BWV number, etc.***  |
| ***Movement (s)******Number & Name*** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Composer:** |  |

**Would you like to participate in workshop recitals? Yes [ ]  No [ ]**

Please check the box below indicating your understanding of YPCNJ’s rule

[ ]  I understand and agree that ALL JUDGES’ DECISIONS ARE FINAL

|  |
| --- |
| If the student is under 18 years of age, a Parent or a Guardian must sign this application |
|  |
| Signature | Date |

**Please return completed and signed application to** ypcnjoffice@gmail.com along with the YouTube Video Recording.

|  |  |  |
| --- | --- | --- |
| **Mail checks to:****Young Pianist Competition of New Jersey****P.O. Box 3****Martinsville, Nj 08836** | **Division Fee per Performer** | **$50.00** |
| **Late Fee per Performer:** *(If sending no later than 5 days past deadline)* | **$15.00** |
| **Postage:** *(To receive critiques & tickets by mail)* | **$2.00** |
| **Electronic Payments:**PayPal or Zelle to ypcnjoffice@gmail.com or Venmo to @Lana-Ivanov-2**Make sure it is listed as family and friends and NOT a business.** *Please list the Individual's name in the transaction*. | **Total** |  |
| **Payment was sent via (***please check one***)****[ ]  Check** **[ ]  Zelle** **[ ]  PayPal** **[ ]  Venmo** |  |