**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](mailto: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](mailto: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** |  |