



Young Pianist Competition Of New Jersey

P.O. Box 3 ♦ Martinsville ♦ NJ 08836
Tel: 908-526-0794 ♦ Fax: 908-393-9460 ♦ E-mail: ypcnjoffice@gmail.com ♦ www.youngpianist.org

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 #

DATE OF BIRTH: _____ AGE: _____ YEARS OF STUDY: _____

ADDRESS: _____
STREET

_____ CITY STATE ZIP CODE TELEPHONE E-MAIL [MANDATORY]

TEACHER'S NAME: _____
MEMBERSHIP # [MANDATORY]

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 AND FEE TO:

YOUNG PIANIST COMPETITION OF NEW JERSEY P.O. Box 3 MARTINSVILLE, NJ 08836

DIVISION FEE:	\$40.00
LATE FEE: (No later than 5 days)	\$
POSTAGE: (To receive critiques by mail)	\$ 2.00
TOTAL CHARGE:	\$

NO REFUNDS