



Young Pianist Competition Of New Jersey

2006

P.O. Box 3 • Martinsville • NJ 08836

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CHAMBER MUSIC RECITAL PARTICIPATION FORM

PLEASE PRINT OR TYPE

DATE: _____
MM / DD / YY

ARE YOU A MEMBER? YES NO
(IF YOU HAVE INDIVIDUAL MEMBERSHIP, PLEASE INDICATE YOUR NUMBER BELOW)

NAME: _____
LAST FIRST MIDDLE INITIAL INDIPENDANT MEMBERSHIP #

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

ADDRESS: _____
STREET

CITY STATE ZIP CODE TELEPHONE FAX OR E-MAIL

TEACHER'S NAME: _____
MEMBERSHIP # [MANDATORY]

TEACHER'S TELEPHONE & E-MAIL: _____
TELEPHONE E-MAIL

ENSEMBLE PARTNER: _____ INSTRUMENT: _____

ENSEMBLE PARTNER: _____ INSTRUMENT: _____

ENSEMBLE PARTNER'S TEACHER'S INFORMATION: _____
NAME TELEPHONE E-MAIL

PLEASE LIST YOUR PERFORMANCE REPERTOIRE INCLUDING THE FOLLOWING: COMPOSER, TITLE, OPUS, MOVEMENT:
_____ TIME: _____

PLEASE RETURN COMPLETED APPLICATION AND FEE TO:

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

AUDITION FEE: \$15.00
PARTICIPATION FEE: \$20.00
(this includes 2 concert ticket)
TOTAL \$35.00

if the student does not pass the audition, participation fee will be returned

NO REFUNDS

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WEBSITE RELEASE FORM

PLEASE FILL IN THE APPROPRIATE INFORMATION.

WITHOUT THIS INFORMATION YOUR APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED.

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
STREET

CITY STATE ZIP CODE TELEPHONE E-MAIL (MANDATORY)

- I GIVE PERMISSION FOR MY BIOGRAPHY AND PHOTOGRAPH TO BE PLACED ON THE YPCNJ OFFICIAL WEBSITE.
- I GIVE PERMISSION FOR MY BIOGRAPHY (WITHOUT THE PHOTOGRAPH) TO BE PLACED ON THE YPCNJ OFFICIAL WEBSITE.
- I DO NOT GIVE PERMISSION FOR ANY OF MY PUBLICITY INFORMATION TO BE TO BE PLACED ON THE YPCNJ OFFICIAL WEBSITE.