



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

COMPETITION APPLICATION FORM

PLEASE TYPE (HAND WRITTEN APPLICATIONS WILL NOT BE ACCEPTED!)

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 INDEPENDENT MEMBERSHIP #

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

ADDRESS: _____
STREET

CITY STATE ZIP CODE TELEPHONE E-MAIL [MANDATORY]

TEACHER'S NAME [OPTIONAL]: _____
MEMBERSHIP # [MANDATORY]

TEACHER'S INFORMATION: _____
TELEPHONE E-MAIL [MANDATORY]

ACCOMPANIST NAME, TELEPHONE & FAX: _____
[MANDATORY FOR CONCERTO COMPETITION]

ENSEMBLE PARTNER(S): _____
[MANDATORY FOR ENSEMBLE COMPETITION]

PLEASE CHECK THE NAME OF THE DIVISION:

FOR CODE REFERENCE NUMBER PLEASE
CHECK SUGGESTED SYLLABUS

CONCERTO ONE MOVEMENT ENTIRE CONCERTO CODE: _____
ENSEMBLE ONE PIANO TWO PIANOS CODE: _____

PLEASE LIST YOUR REPERTOIRE INCLUDING THE FOLLOWING: COMPOSER, TITLE, OPUS, MOVEMENT [NO REPEATS PLEASE]

COMPOSER	WORK (OPUS, KEY, ETC)	MOVEMENTS (NUMBER, TEMPO)

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: \$ _____
LATE FEE: (No later than 5 days) \$30.00
POSTAGE: (To receive critiques by mail) \$ 2.00
TOTAL CHARGE: \$ _____

NO REFUNDS