



Young Pianist Competition Of New Jersey

P.O. Box 3 ♦ Martinsville ♦ NJ 08836

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“LE PETIT ORCHESTRE” CHILDREN’S CONCERTO COMPETITION APPLICATION FORM

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

DATE: _____ INSTRUMENT: PIANO VIOLIN 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]

ACCOMPANIST NAME, TELEPHONE & E-MAIL: _____
[MANDATORY]

CONCERTO REPERTOIRE

COMPOSER CONCERTO (INCLUDE Title and Opus)

MOVEMENTS:
(Must include number & tempo marking)

PLEASE READ AND CHECK EVERY BOX BELOW INDICATING YOUR UNDERSTANDING AND AGREEMENT:

- I must attend all of the two (2) mandatory rehearsals with the Central Jersey Symphony Orchestra if I am chosen to perform in concert.
- I understand that failier to attend the rehearsals will result in my immediate disqualification from the performance.
- I understand that I **must** send in my artist biography, and a professional headshot in formal concert attire in electronic format **with** this application in order to participate in the competition.
- I have to send in my a non-refundable fee when requestd by the competition.
- I understand and agree that ALL JUDGES’ DECISIONS ARE FINAL

PLEASE RETURN COMPLETED APPLICATION AND FEE TO:

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

DIVISION FEE:	\$50.00
LATE FEE: (No later than 5 days)	\$70.00
POSTAGE: (To receive critiques by mail)	\$ 2.00
TOTAL CHARGE:	\$

NO REFUNDS