



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: _____ 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 [OPTIONAL]: _____ MEMBERSHIP # [MANDATORY]

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

PLEASE CHECK THE APPROPRIATE DIVISION:

FOR CODE REFERENCE NUMBER PLEASE CHECK SUGGESTED SYLLABUS	SOLO	CODE: _____
	YOUNG ARTIST	CODE: _____
	CYCLICAL WORK	CODE: _____

PLEASE LIST IN PERFORMANCE ORDER, PIECES CHOSEN TO PERFORM INCLUDING THE FOLLOWING: COMPOSER, TITLE, OPUS, MOVEMENT [NO REPEATS PLEASE]

1. _____ TIME: _____
2. _____ TIME: _____
3. _____ TIME: _____
4. _____ TIME: _____

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
- I understand that if I am a winner and cannot attend the final recital held at Weill Recital Hall at Carnegie Hall, my recital fee is **not** refundable.

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