

Joseph Israel Bookstaber Memorial Competition Application

Student Information:

Name _____ Grade in school _____

Age (as of March 25) _____ Date of Birth _____

Address _____

Phone _____ Email _____

Teacher Information:

Name _____

Address _____

Phone _____ Email _____

Repertoire to be performed:

(Identify music by composer, title, key, opus number, etc.)

1. _____

2. _____

3. _____

4. _____

Student: List interests other than music:

Application fee: \$45.00 per applicant.

Send a check payable to "NJ Federation of Music Clubs, Inc." If entering multiple students, use a separate application form per student, but submit one combined check.

Deadline is March 18. Send check and application to:

Bookstaber Competition
P.O. Box 153
Chatham, NJ 07928