NJFMC FESTIVAL SITE SHEET/GRADE REPORT FORM	Date
Teacher's Name:	Code
Email:	Phone

The students on this form will participate at (center) _____ on (date) _____

I will judge/proctor (circle one) at _____ and/or _____

(location/date) (location/date)

Office use only

Grade	Time	AM/PM	Student's name (alphabetical) & birthday	N/T*	Event	Level	Accompanist/Partner	Gold Cup	NJ Trophy

* New or Transfer. If Transfer, list name of former teacher on the back of this form.