NJFMC FESTIVAL SITE SHEET / GRADE REPORT FORM . Date: __ _____

Teacher's Name _____ Code _____

Email_____ _____Phone _____

I will judge at either _____ or _____
(location/date) (location/date)

Students listed on this sheet will participate at _____ on _____.
(name location) (date)

Office Use Only

Rating Grade	Audition Time	To Request AM or PM	Student's Names (Alphabetically by last name) and Birthday	New or Transfer N/T	Event	Level	Accompanist	Gold Cup Eligible	State Trophy	