NJFMC FESTIVAL SITE SHEET/GRADE REPORT FORM

Date

Teacher's Name:

Code

Email:

Phone

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