

#3. NJFMC FESTIVAL SITE SHEET/ORDER FORM



Date: _____ Teacher's Name: _____ Code _____
 Email: _____ Phone _____

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

I will pick up my cups/trophies at (center) _____ on (date) _____

I will judge in (center) _____ on (date) _____

Office only		AM/PM	Student's name (alphabetical) & birthday	N/T*	Event	Level	Accompanist/Partner	Gold Cup <i>which one</i>	NJ Trophy <i>yes/no</i>

* New or Transfer. If Transfer, list name of former teacher on the Application Form.

