

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: \$50.00 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 25. Email the application to nfmcnj@gmail.com.

Mail the check to Dona Paventa. See Directory for address, or her address can be sent to you upon receipt of your application.