Check one: □ Junior

Name of Student:

FEDERATION FESTIVALS CUP APPLICATION GRAND CUP (75 pt) & PRESIDENT'S CUP (90 pt)

JR 4-1

Application Date:

Age:

Area Federation Cup Chairs: Complete the form as soon as possible after the Festival.

State:

• Please type (preferred) or write on the form neatly using black ink.

☐ Adult

- This cup point history must be verified by the State Federation Cup Chair, who then will forward the form to the National Federation Cup Chair. Process this quickly to avoid processing delays.
- After final verification, the National Federation Cup Chair will send approval immediately to NFMC Headquarters.
- No approvals will be given before the Festival. Denials will be sent to the State Federation Cup Chair. *Please submit by June 1.* Email to: Dawn Steggerda, Federation Cup Chair <u>dawnsteg@gmail.com</u> Phone: (712) 395-0559

Year:

Date of Birth:

Student Ad	dress (to receiv	ve President's l	letter):	•		•	
Student Phone:				Student email:			
Teacher Inform	nation			•			
Name: Street				Address:			
City: S				State: Zip:			
Phone: Ema				ıil:			
	m below with th	ie point history	information in	ce. Non-Vivace use reverse chronolog			
i.e. Piano Solo or VS Art Song				i.e. Piano Concerto or VS Musical Theatre			
School Grade	Year:	Class:	Points:	School Grade	Year:	Class:	Points:
				Review carefully NFMC Festivals Bulletin for correct procedures Total points EVENT 1 Total points EVENT 2 Total points EVENTS 1 & 2 Use Form JR 4-5 to order cup.			
Office use only	y: □ Approve	d □ Denied	State Cup C	_ hair Signature			