Application Date:

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

JR 4-1

State Federation Cup Chairs: Complete the form as soon as possible after the Festival. Please type (preferred) or print form neatly using black ink. This cup point history must be verified and the form forwarded to the National Federation Cup Chair immediately to avoid processing delays. After final verification, the National Federation Cup Chair will send approval immediately to NFMC Headquarters. No approvals will be given prior to the Festival. Denials will be sent to the State Federation Cup Chair. Please submit by June 1. Email to: Mary Jane Timmer, Chair, k.timmer@sbcglobal.net; Phone: (616) 252-9440.

Check one: □ Junior □ Adult State:		Year:			Application D				
Name of Student:					Date of Birth:			Age:	
Student Add	ress (to rece	eive Presic	lent's le	tter):					
Student Phone:					Student email:				
Teacher Informa	ation			T					
Name: St					Street Address:				
City:				State: Zip:					
Phone: ()	Email:								
A copy of the studen Oate of Studen EVENT 1: .e. Piano Solo	t's Last Festi or VS Art	val:	_	Instru EVI i.e.	iment: ENT 2_ Piano C		VS Musical	Theatre	
Grade in School	Year:	Class:	Poin	0_1	ade in hool	Year:	Class:	Points:	
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					Review carefully <i>NFMC Festivals Bulletin</i> for correct procedures				
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