

AMERICAN STRING TEACHERS ASSOCIATION OF NEW JERSEY
SOLO COMPETITION 2009
APPLICATION AUTHORIZATION FORM

I (name of parent or legal guardian) _____ hereby authorize
(name of applicant) _____'s application to participate
in the American String Teachers Association of New Jersey's 2009 Competition.

The competition will be held on Sunday, November 22nd, 2009 at Kean University.

Please check the statement(s) apply to you:

I am an ASTA/NJ member: _____

My teacher is an ASTA/NJ member: _____

I am a resident of NJ: _____

Contact information:

Physical address: _____

Email address: _____

Telephone number(s): _____

Student's signature _____ Date _____

Parent's signature _____ Date _____

Please send this form to:

Dr. Keith Calmes

ASTA / NJ Solo Competition Chair

1770 Belmar Boulevard

Wall, NJ 07719

ALL APPLICATIONS SHOULD BE RECEIVED BY MONDAY, NOVEMBER 2ND.

IMPORTANT REMINDER:

Please be certain to include the following information with this form:

* \$50.00 application fee payable to ASTA/NJ

*proof of age (copy of birth certificate, passport, government issued ID
card, or driver's license)

Be sure to complete the online application also.

You will be contacted regarding your audition time.