

NORTH CAROLINA FEDERATION OF MUSIC CLUBS

FESTIVAL
JUDGES VOUCHER

NAME: _____

ADDRESS: _____

PHONE: () _____ E-MAIL _____

Please complete and turn in to the Festival Chairman at the end of the Festival.

Beginning Time: _____

Lunch Break: From _____ to _____

Ending Time: _____

Round-Trip Mileage: _____

Note: There is an NCFMC 100 Mile Maximum that will be reimbursed.

(Signature)

(Date)

Would you be willing to judge for the Festival again next year? YES NO
Please circle one.

THANK YOU VERY MUCH for your services to the North Carolina Federation of Music Clubs and our young musicians.