| PAGE Three (3) Gold Cup forms are needed for Festival or TAP, and four (4) Gold Cup forms for Composition.  List entrants in strict alphabetical order. Print LAST NAME to the left in ALL CAPITALS, followed by first name. Indicate Gold (G), Silver (S) or Nongold (N) in the Transfer column. Please use a separate form for each event (as in separate forms for Festival or Composition or T.A.P). Thank you! |   |  |       |        |                 |            |                     |        |       |  |
|---|---|--|-------|--------|-----------------|------------|---------------------|--------|-------|--|
|   | GOLD (Juniors)  |  | CHECK | CK ONE |                 | _ FESTIVAL |                     |        |       |  |
|   | SILVER (Adults)   |  | IN EA | СН     | COMPOSITIO      |            |                     | N      |       |  |
|   | NON-GOLD  |  | COLU  | IMN    | T.A.P. (THEORY) |            |                     |        |       |  |
| PRINT   | PRINT CLEARLY  DATE  NEW   TRANSFER   STUDENT'S NAME   Event   Class   Prior   RATING   TOTAL |  |       |        |                 |            |                     |        |       |  |
| NEW<br>TO<br>GC   | TRANSFER<br>(Teacher /<br>Year) <b>G</b> ; <b>S</b> ; <b>N</b>                                | STUDENT'S LAST, First Na<br>(Strict Alphab | ame   |        | Event           | Class      | Prior<br>Points     | RATING | TOTAL |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
|   |   |  |       |        |                 |            |                     |        |       |  |
| Please indicate if teacher is new to Gold Cup plan. Yes or No   |   |  |       |        |                 |            | TOTAL STUDENTS      |        |       |  |
| Teacher's Name  |   |  |       |        |                 | _ CU       | CUP FEES @ \$7.00 = |        |       |  |
| Phone   |   |  |       |        |                 |            |                     |        |       |  |
| =mail   |   |  |       |        |                 |            | _                   | TOTAL  | _     |  |

TEACHER LAST NAME:\_\_\_\_\_

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