



WFMC STATE FESTIVAL COMPETITION

Jeanne Hryniewicki
State Festival Competition Chair
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WFMC State Festival Competition Application

POSTMARK DEADLINE 3/25/19

Teacher's Information:

Name: _____

Street: _____

City, State, ZIP _____

Phone Number: _____

E-mail: _____

Volunteer Information:

(All teachers entering students are required to volunteer at the competition. We greatly appreciate everyone's help in making this another successful event!)

Please indicate your volunteer time preference:

_____ I'm available 8:00 a.m. until noon

_____ I'm available 12:30 p.m. until 5:00

_____ I'm unavailable that day but my adult substitute will be:

Name: _____

Phone Number: _____

E-mail: _____

Entry Fees:

\$30 per student for up to three events

\$45 per student for four or more events

Number of students entering three events or less _____ x \$30 = \$ _____

Number of students entering four events or more _____ x \$45 = \$ _____

Grand Total: _____ \$ _____

Please note that entry fees are non-refundable.

Mail this application and check payable to WFMC to Jeanne at:

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