

LAWRENCE JAZZ WEEKEND 2009

Saturday, November 7, 2009

REGISTRATION FORM FOR SATURDAY EDUCATIONAL CLINICS

All directors and students pay **\$8.00** individual participant fee. (No "group" fee/rate.)

Director's Name: _____

Name of School: _____

Street Address: _____

City: _____ State _____ Zip _____

School Phone () _____ Email: _____ @ _____

I wish to reserve:

_____ (#) **Large Jazz Ensemble** (big band) performance/clinic sessions

_____ (#) **Jazz Combo** performance/clinic sessions

_____ (#) **Vocal Jazz Ensemble** performance/clinic sessions

_____ (#) **Solo Jazz Singers** private clinic session with Lee Tomboulian

_____ (#) **Non-performing individual student attendee** (*parents, chaperones and bus drivers are admitted free to all festival daytime events*)

TOTAL # PARTICIPANTS: _____ **TOTAL FEES @\$8 per participant:** \$ _____

*Ensemble registration is established on a **FIRST-COME, FIRST-SERVED BASIS ACCORDING TO THE ORDER IN WHICH REGISTRATION FORMS ARE POSTMARKED.** (All 2008 clinic slots were filled by September. Register EARLY!)*

Print and mail forms with CHECK payable to LAWRENCE JAZZ WEEKEND to:

Jazz Celebration Weekend
Conservatory of Music
Lawrence University
Appleton, WI 54912

FRIDAY & SATURDAY EVENING CONCERT TICKETS
must be ordered and purchased separately. Download order form online at:
http://www.lawrence.edu/conservatory/jazz/jazz_weekend/index.shtml