

LAWRENCE JAZZ WEEKEND 2017

Saturday, November 4, 2017

REGISTRATION FORM FOR SATURDAY EDUCATIONAL CLINICS

All directors and students pay \$10.00 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

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

Total # Group Participants: _____

TOTAL FEES @ \$10 per participant: \$ _____

Ensemble registration is established on a **FIRST-COME, FIRST-SERVED BASIS**
IN THE ORDER IN WHICH FORMS ARE POSTMARKED.

(Clinic slots are usually filled by the end of May. Register EARLY!)

Print and **mail** forms **with check** payable to LAWRENCE JAZZ WEEKEND to:

Jazz Celebration Weekend
Conservatory of Music
Lawrence University
711 E. Boldt Way SPC 14
Appleton, WI 54911

**Friday and Saturday evening concert tickets must be ordered and purchased separately
using the Ticket Order Form on our website at:**

www.lawrence.edu/conservatory/departments/jazz_improvisational_music/jazz_weekend