

LAWRENCE JAZZ WEEKEND 2018

Saturday, November 3, 2018

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