

All Ears: Jazz and Improvised Music Workshop Registration Form

Participant

First Name: _____ Last Name: _____ Age: _____

Instrument(s): _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Email: _____

School: _____

Band Director: _____

Parent/Guardian (who is fiscally responsible for the participant)

First Name: _____ Last Name: _____

Relationship to Participant: _____

I am registering for:

Full Week \$200 _____

Adult Day rate \$60 _____

I would like to be considered for tuition assistance or multiple family member discount: _____

Register by mail: Complete this application and return with payment (check, money order).

Mail to: Capital District Jazz, 318 Terrace Rd., Schenectady, NY 12306

Register Online: www.cdjazz.org

Required Code of Conduct form for participants under 18

(available at www.cdjazz.org)

It is required that all parents of minors (participants 18 years of age and under) accept the Capital District Jazz Code of Conduct Participation Agreement. This agreement must be signed by both the minor and legal guardian. Your signatures ensure us that everyone understands fully what is expected. Required Code of Conduct form will be collected on the first day of the workshop, please bring it with you.