

CSC JAZZ FESTIVAL



March 21, 2011



REGISTRATION FORM

Entries must be postmarked by March 7, 2011

1. _____
Name of Director _____ E-mail Address _____

Name of School _____ Enrollment for Grades 9-12 _____

Complete Mailing Address of School _____

(_____) _____ (_____) _____
School Telephone Number Cell Phone Number

2. I will be bringing the following groups (indicate number of members per group)
Jazz Ensemble # _____ Combo # _____ Jazz Choir # _____ Show Choir # _____

3. **AMOUNT ENCLOSED:** **(\$150.00 PER GROUP)**
Number of Groups _____ x \$150.00 = \$ _____
Total Amount: \$ _____

MAKE CHECKS PAYABLE TO: Chadron State Music Department
MAIL CHECKS TO: **CSC MUSIC OFFICE**
1000 MAIN STREET
CHADRON NE 69337

4. **DISCLAIMER:** (MUST BE SIGNED AND DATED)
I realize Chadron State College cannot assume responsibility for lost or stolen equipment and
I understand that due to the fixed nature of the Festival's expenses, our entry fee cannot be refunded.

SIGNATURE

DATE