CSC JAZZ FESTIVAL

March 22, 2010

REGISTRATION FORM

Entries must be postmarked by March 11, 2010

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. Number of students attending evening concert by Synergy Brass Quintet _____

4. AMOUNT ENCLOSED: ($150.00 PER GROUP)

   Number of Groups _____ x $150.00 = $ _____
   Student Tickets for Evening Concert _____ x $5.00 = $ _____
   (Director's ticket is Complimentary)

   Total Amount: $_____

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

5. 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