

24TH ANNUAL

MARCH

26-27

2010



Application • Festival passes are required • one per student. **DEADLINE: January 15, 2010**

School Name: _____ Director's Name: _____

Date: _____ Director's E-mail: _____

Street Address: _____ Principal's Signature: _____ School Enrollment: _____

City: _____ State: _____ Zip: _____ Director's Home Phone: (____) _____ School Phone: (____) _____

Number of participating students:

Fees: (Groups will not be scheduled until fees are received.)

Instrumental _____ + Vocal _____ = _____ Festival Passes (total)x \$10.00 \$ _____

_____ Big Band(s).....x \$80.00 \$ _____

_____ Vocal Group(s).....x \$80.00 \$ _____

_____ Combo(s)x \$60.00 \$ _____

Total Fees Due ●—————→ \$ _____

Make checks payable to: Santa Cruz Jazz Festival

MAIL TO: SANTA CRUZ JAZZ FESTIVAL • P. O. Box 7089 • Santa Cruz, CA 95061-7089

When your paid-in-full application arrives, your group will be scheduled at the time nearest the noon hour that best reflects your request.

Band	
Preferred Time: A.M.	___
	P.M. ___
Preferred Day: Fri.	___
	Sat. ___

Vocal	
Preferred Time: A.M.	___
	P.M. ___
Preferred Day: Fri.	___
	Sat. ___

Combo	
Preferred Time: A.M.	___
	P.M. ___
Preferred Day: Fri.	___
	Sat. ___

Your group would be best described as (please circle)

Beginning Intermediate Advanced