JAZZ WEEKEND XXXVII
FRIDAY FEBRUARY 12, 2010
JAZZ COMBO CLINIC APPLICATION/ENTRY FORM

• DEADLINE: DECEMBER 15, 2009 •

Please Print or type information as you would like it to be listed in the program:

School ____________________  Director ____________________  Phone (   )
Name of Ensemble ____________________  School (   )

Classification:  AA  A  B  C  D  Distance from CMU _________

PROGRAM FORMAT:
Each combo will be given a maximum of thirty (30) minutes, including set-up and tear-down, to interact with the clinician. Combos may elect to play selections in any style they like. The clinician may ask the group to stop, restart, or listen to suggestions as each session warrants. The goal is meaningful interaction with a top professional.

Outstanding soloists and/or groups may be recognized with non-competitive awards. No individual or group rankings will be assessed.

PERSONNEL

Name/Instrument  Name/Instrument
____________________________  ______________________________
____________________________  ______________________________
____________________________  ______________________________
____________________________  ______________________________
____________________________  ______________________________

Please use back or attach separate sheet of paper if necessary

Send Completed Form with non-refundable entry fee of $50.00 to:

JAZZ WEEKEND XXXVI
CMU School of Music
Mount Pleasant, MI 48859

Please make checks payable to: CMU School of Music

Authorized Signature  Date  Director’s Signature  Date