J A Z Z W E E K E N D XXXVIII
FRIDAY FEBRUARY 11, 2011
JAZZ COMBO CLINIC APPLICATION/ENTRY FORM

• DEADLINE: DECEMBER 13, 2010 •

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

Please use back or attach separate sheet of paper if necessary

Name / Instrument Name / Instrument
________________________________________
________________________________________
________________________________________
________________________________________

Send Completed Form with non-refundable entry fee of $50.00 to:
JAZZ WEEKEND XXXVIII
CMU School of Music
Mount Pleasant, MI 48859

Please make checks payable to: CMU School of Music

Authorized Signature Date Director’s Signature Date