UNIVERSITY OF LOUISVILLE JAZZ FESTIVAL
ENTRY FORM

School Name_________________________________________________

Address____________________________________________________

City, State, Zip_______________________________________________

Director’s Name_____________________________________________E-Mail______________________________________________

School Phone______________Fax Number______________Home/Cell Phone _________________

Type of Group: Jazz Ensemble Vocal Ensemble Combo (Circle One)

Number of Members_________ Special Needs________________________________

College/University_______ High School _______ Middle School_____(Check One)

Preferred Performance Day Friday______ Saturday______ (Check One)

Preferred Performance Time__________

One complimentary ticket to the evening concert on the day of your performance will be provided to each participating student and director of each ensemble. Number of students in ensemble: ________

Tickets for any of the other evening concerts will be available at a reduced rate. Please indicate how many tickets you would like to any of the other concerts: ________# Tix ________Day

Entry Fee:
# of Jazz Ensembles @ $175.00 each___________

# of Vocal Ensembles @ $125.00 each___________

# of Combos @ $125.00 each _____________

Total amount enclosed $_____________
(Make checks payable to "University of Louisville Jazz Festival")

Please list any students interested in auditioning for a music scholarship. Include their name and instrument or voice part.

________________________________________________________________________

Please return this entry form with the registration fee of $175.00 for each jazz ensemble, $125.00 for each combo or vocal jazz ensemble by January 26, 2018 to the address below:

Jazzfest 2018
University of Louisville
School of Music
Louisville, KY 40292
(502) 852-6972 (voice)
(502) 852-0520 (fax)
jerry.tolson@louisville.edu