

**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