

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, 2015 to the address below:

Jazzfest 2015
C/O Jerry Tolson
University of Louisville
School of Music
Louisville, KY 40292
(502) 852-6972 (voice)
(502) 852-0520 (fax)
jerry.tolson@louisville.edu