

**UNIVERSITY OF LOUISVILLE JAZZ FESTIVAL  
ENTRY FORM**

School Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Director's Name \_\_\_\_\_ E-Mail \_\_\_\_\_

School Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Home 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. Please indicate how many concert tickets you would like reserved:

\_\_\_\_\_ 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 @ \$150.00 each** \_\_\_\_\_

**# of Vocal Ensembles @ \$100.00 each** \_\_\_\_\_

**# of Combos @ \$100.00 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 \$150.00 for each jazz ensemble, \$100.00 for each combo or vocal jazz ensemble by **January 26, 2009** to the address below:

**Jazzfest 2009  
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**