



**MID-ATLANTIC JAZZ FESTIVAL  
REGISTRATION FORM  
High School Jazz Band Competition  
February 18, 2012**

|                        |
|------------------------|
| <b>DEADLINES</b>       |
| Early Bird: 12/15/2011 |
| Final: 1/15/2012       |

**INSTRUCTIONS:** Complete and execute this form e-mail to inquiry@jazzacademy.org or fax to 301-871-7294 or mail to The Jazz Academy of Music; P.O. Box 6744; Silver Spring, MD. 20906. For questions call 301-871-0858.

**Name of Ensemble** (as you want it to appear in print): \_\_\_\_\_

**Director's Name:** \_\_\_\_\_

**Name of High School:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone:** ( \_\_\_\_ ) \_\_\_\_\_ **Other Phone:** ( \_\_\_\_ ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Attendees: Number of Students:** \_\_\_\_\_ **Number of Adults:** \_\_\_\_\_

**Fees:**

| Item                                     | Cost     | Quantity | Total |
|--|----------|----------|-------|
| Registration by Dec. 15 <sup>th</sup> .  | \$175.00 |          |       |
| Registration after Dec. 15 <sup>th</sup> | \$200.00 |          |       |
| Ticket Friday                            | \$35.00  |          |       |
| All Access Pass                          | 125.00   |          |       |
| <b>Total</b>                             |          |          |       |

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**PAYMENT**

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**Check payable to:**  
The Jazz Academy of Music, Inc

**Visa/MasterCard**  
Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Acct# \_\_\_\_\_ Exp: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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**CERTIFICATION**

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I agree to the conditions set out in the accompanying brochure and certify that all the participants are under 19 years of age as of February 18, 2012. I agree that the performance may be included in our MAJF promotional videos, photographs or recordings promoting this festival without fees.

**Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Print Name:** \_\_\_\_\_