

Jazzschool Summer Youth Program 2008 Application

Name (please print) _____

Parent/Guardian _____

Address _____

Phone-Home (_____) _____

Phone-Cell (_____) _____

E-mail _____

Instrument _____

Years Played _____

Age _____ Grade _____ New Student or Returning Student

Elective Choice (1st, 2nd, and 3rd choice)

1. _____

2. _____

3. _____

T-Shirt Size (circle one) Adult Sizes (S) (M) (L) (XL)

Send completed application with full payment to:

Rob Ewing, Youth Program Coordinator
The Jazzschool
2087 Addison St.
Berkeley, CA 94704
Or fax to (510) 841-5373

The Jazzschool accepts checks made payable to the Jazzschool,
Cash, VISA or MASTERCARD

Credit Card # _____ Exp. Date _____

Jazzschool Summer Youth Program 2008 — June 16-27