

TUCSON JAZZ INSTITUTE

Summer 2017 REGISTRATION FORM

Student Name: _____ Date of Birth: _____

Ethnicity _____ School: _____ Grade: _____

Student Cell: _____ Student e-mail: _____

Mother's Name: _____ Cell: _____ Home: _____

Address: _____ City: _____ Zip: _____

Mother's Email: _____

Father's Name: _____ Cell: _____ Home: _____

Father's Email: _____

Address: _____ City: _____ Zip: _____

Instrument(s): _____

Circle the appropriate class(es):

Combo

Big Band

Vocal Jazz

Jazz Workshop

Music Tech

First person to call in an emergency: _____

Phone: _____

Relationship: _____

PLEASE LIST ALL RELEVANT MEDICAL CONDITIONS: (asthma, heart disorder, learning or attention disability, allergies, injuries, surgeries, etc.)
