



# SUMMERJAZZ WORKSHOP 2010 REGISTRATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_

Instrument (s) \_\_\_\_\_  
\_\_\_\_\_

School District \_\_\_\_\_

Present Grade \_\_\_\_\_ Graduation Year \_\_\_\_\_

Adult T-Shirt Size \_\_\_\_\_

(When your registration is received, forms will be sent to you to fill out and return)

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Please fill out the above REGISTRATION FORM and mail along with a non-refundable deposit of \$150 per student made payable to "CNYJAF" to:**

**CNY Jazz Central - SJW  
441 E. Washington Street  
Syracuse, NY 13202**

**Tel. 315-479-JAZZ (5299), Fax 315-479-7409, E-mail: [info@cnyjazz.org](mailto:info@cnyjazz.org)**