

# Registration Form

Online Registration  
www.templejc.edu

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

Ensemble Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Director \_\_\_\_\_

Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_

E-mail \_\_\_\_\_ (FAX) \_\_\_\_\_

Adjudication Preference:

- Comments Only  
 Comments and Confidential Rating

Please Check Grade Level:

- Middle School  
 High School  
 College/University

Please check performance time preference:

- Thursday Morning  
 Thursday Afternoon  
 Friday Morning  
 Friday Afternoon  
 Saturday Morning  
 Saturday Afternoon

Performance times will be scheduled on a first-come first-serve basis and will not be final until payment has been received.

Group Performance Fees *NON-REFUNDABLE*

	NO.	Amount
Big Bands @ \$175 per group	_____	\$ _____
Combos @ \$175 per group	_____	\$ _____
Vocal Jazz Ensembles @ \$175 per group	_____	\$ _____
TOTAL		\$ _____

Enclosed is a check payable to the Temple College Jazz Festival for \$ \_\_\_\_\_

One application per participating group. Please photocopy for more applications. Application deadline is March 6, 2009.