

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 5, 2010.