



Application 2009

CONTACT: BOB ATHAYDE, Director - MARY FETTIG, Curriculum Director

PHONE & FAX: 925-258-9145

REQUIREMENTS: 2 years of experience on instrument, know at least 6 major scales by memory

BART SHUTTLE: FREE! Available to and from Lafayette BART Station mornings and afternoons during the workshop!

PRINT: LAST NAME FIRST NAME SCHOOL GRADE NEXT FALL

STREET ADDRESS, CITY, STATE, ZIP AREA CODE / PHONE

E-MAIL ADDRESS ADULT SHIRT SIZE: (circle one) S M L XL XXL

CHECK THE INSTRUMENT YOU WISH TO PLAY AT THE WORKSHOP AND HOW LONG YOU'VE BEEN PLAYING IT

- | | | |
|--|---|--|
| <input type="checkbox"/> Flute _____ years | <input type="checkbox"/> Baritone Sax _____ years | <input type="checkbox"/> Bass _____ years |
| <input type="checkbox"/> Clarinet _____ years | <input type="checkbox"/> Trumpet _____ years | <input type="checkbox"/> Drumset _____ years |
| <input type="checkbox"/> Alto Sax _____ years | <input type="checkbox"/> Trombone _____ years | <input type="checkbox"/> Vibes _____ years |
| <input type="checkbox"/> Tenor Sax _____ years | <input type="checkbox"/> Piano/Keyboard _____ years | <input type="checkbox"/> Guitar _____ years |

PARENT/GUARDIAN NAME(S) ADDRESS AREA CODE / PHONE + CELLULAR PHONE

EMERGENCY CONTACT NAME & PHONE MEDICAL INSURANCE CARRIER, POLICY NO.

PHYSICIAN'S NAME & PHONE ANY ALLERGIES, DIET REQUIREMENTS, SPECIAL NEEDS, INSTRUCTIONS?

_____ has my permission to participate in all Workshop activities; will be responsible for his/her instrument, materials, and personal belongings; will abide by the rules of behavior and conduct. In case of emergency, Workshop officials will contact parent/guardian immediately. If unsuccessful, I authorize the Workshop Director(s) and/or his staff to act on my behalf according to their best judgment in an emergency requiring immediate medical attention. I grant all rights, title and interest to any photos, videos, or audio recordings taken during the workshop to LSMW.

PARENT/GUARDIAN SIGNATURE DATE STUDENT SIGNATURE DATE

[Download Scholarship Application from our website: www.lafsmw.org]

Payment Information

- Full Tuition (before 3/1) \$585 _____
- Full Tuition (before 5/1) \$605 _____
- Full Tuition (after 5/1) \$625 _____
- Optional/Donation to Scholarship Fund _____
- TOTAL ENCLOSED \$ _____

NOTICE: \$200 NON-REFUNDABLE registration fee included with tuition.

No refunds available after May 1st.

TUITION Includes: Catered lunches, snacks, music book/CD set, music bag, and awesome shirt.

Please make check payable to:

GENERATIONS IN JAZZ FOUNDATION
Send check or money order, please do not send cash.
Credit card payment is not available.

Mail completed application with check or money order to:
GENERATIONS IN JAZZ FOUNDATION
3527 Mt. Diablo Blvd. #156
Lafayette, California 94549