

Student Application Form for the
2009 PMEA District 3 JAZZ

Student Name _____
Grade in School (circle) 9 10 11 12
Home Address _____ Home
Phone (____) _____
City _____ Zip _____ AGE _____
Instrument _____

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Director's Name _____
Home Phone (____) _____
Name of School _____
School Phone (____) _____
School Address _____
City _____ Zip _____

Director's E-mail Address _____

Director's Cell Phone Number (____) _____

DIRECTOR:

I certify that this student is a member in good standing in our school's appropriate performing organization.

(Director's Signature)

SCHOOL ADMINISTRATOR:

I certify that this student is academically eligible to participate in the District 3 Jazz Band Festival, and that the student is of good character.

(Administrator's Signature)

PARENT / GUARDIAN:

I hereby grant permission for our son/daughter to participate in the PMEA All-State Festival and all related activities. Our student will participate in the All-State Jazz Ensemble if selected.

(Parent / Guardian Signature)