

Shasta All Star Jazz Project Application

Name: _____ Age: _____

Address: _____

E-mail: _____

Phone Number(s): _____

Current School & Music Teacher: _____

Teacher's e-mail and phone #: _____

Your main instrument: _____

Other instruments you play: _____

Instruments you own: _____

You must have a current or former music educator write in this box that they recommend you for participation in this project, meaning that you have demonstrate good citizenship, musicianship, leadership and a desire to improve.

Parent Name: _____

Parent Phone #(s): _____

Students under 18 must have written parental permission in this box, indicating that you will be available for the activities of the Project during the week.

Comments:

Your audition CD Code: _____

Use any combination of 6 letters and numbers;
write this same code on your CD with a Sharpie marker.