



ΦMA-CMU



JAZZ WEEKEND XXXVII

FRIDAY FEBRUARY 12, 2010

JAZZ COMBO CLINIC APPLICATION/ENTRY FORM

• DEADLINE: DECEMBER 15, 2009 •

Please Print or type information as you would like it to be listed in the program:

School _____ Director _____ Phone () _____

Name of Ensemble _____ School () _____

Classification: AA A B C D Distance from CMU _____

PROGRAM FORMAT:

Each combo will be given a maximum of thirty (30) minutes, including set-up and tear-down, to interact with the clinician. Combos may elect to play selections in any style they like. The clinician may ask the group to stop, restart, or listen to suggestions as each session warrants. The goal is meaningful interaction with a top professional.

Outstanding soloists and/or groups may be recognized with non-competitive awards. No individual or group rankings will be assessed.

PERSONNEL

Name/Instrument

Name/Instrument

_____	_____
_____	_____
_____	_____
_____	_____

Please use back or attach separate sheet of paper if necessary

Send Completed Form with non-refundable entry fee of \$50.00 to:

JAZZ WEEKEND XXXVI
CMU School of Music
Mount Pleasant, MI 48859

Please make checks payable to: CMU School of Music

Authorized Signature

Date

Director's Signature

Date