

SUMMER JAZZ WORKSHOP '17

Registration Form

Please remit with Tuition payment of \$550 (check payable to *Canton Public Schools*) to:

SUMMER JAZZ WORKSHOP 2017

Canton Board of Education

4 Market Street; Suite 100

Canton, CT 06019

Student's Instrument(s) _____

Student's Grade (in September) _____

Student's Name _____

Student's Cell _____ Do you text? _____

Home Phone Number _____

E-Mail Address _____

Any Allergies or special needs? _____

Mother's Name _____

Mother's Cell _____ Do you text? _____

Email Address _____

Father's Name _____

Father's Cell _____ Do you text? _____

Email Address _____

Parent/Guardian Name _____

Street Address _____

Town _____ Zip _____

Private Music Teacher _____

Email Address _____

Cell _____

School _____ Grade _____

School Music Teacher _____

Email _____ Phone _____

I grant permission to use my child's name and/or photograph for promotional purposes in local media coverage or web presence.

Signature X _____