

**2012 University Of The Arts HS All-Star Jazz Ensemble**

**Application**

Please fill out the application and return with the DVD or email with your Video Clips. Please mark your DVD case with your name, school, and instrument.

STUDENT INFORMATION

Student’s Name:

Address:

City: State/Province:

Zip/Postal Code: Country: Home Phone: ( )

Student’s Cell Phone: ( ) Student’s Email:

Gender:  Male  Female Graduation Year: Birth Date:

Parent/Guardian Name(s):

Parent/Guardian Email: Work Phone Number(s): ( )

SCHOOL INFORMATION

Name of High School:

Address:

City: State/Province:

Zip/Postal Code: Country: School Phone: ( )

High School Music Director:

Director’s School Phone ( ) Director’s Email:

ENSEMBLE INFORMATION

Instrument:

List Double(s): (Saxophones, Trombones, Basses):

QUESTIONS *Please respond to the following questions and attach an extra sheet if necessary.*

1. Have you played or sung in any All-State or All-Provincial jazz big bands, combos, or jazz choirs? List years you participated:

2. How did you find out about this program (e.g. your music teacher, an advertisement, the internet)? Please be specific.

STUDENT’S SIGNATURE (required): DATE:

PARENT/GUARDIAN SIGNATURE (required): DATE: