

2018 JMI SUMMER JAZZ CLINICS REGISTRATION FORM

The cost of the clinics is \$520 payable by cheque, credit card or direct debit (Please see bottom of page for payment details)
Please complete the following information and send this form to JMI via e-mail or post (see bottom of page for details) to confirm your booking at the JMI Summer Jazz Clinics

1. PERSONAL DETAILS						
Family Name:						
Given Names:		Preferred Name:				
ale Female		Date of Birth				
Email:						
Mailing Address:						
Suburb			State			
Country			Postcode			
Phone ()	Mobile		Fax ()			
2. INSTRUMENT						
strument:		No. of years playing:				
3. JOINING OUR MAILING LIS	ST?					
Would you be interested in receiving information about our courses and live performa			ances?	Yes	No	
4. EMERGENCY CONTACT D	ETAILS					
Emergency Contact Name:		Relationship to this person:				
Contact Number 1:	ımber 1:		Contact Number 2:			
5. PAYMENT OPTIONS - (\$52	20 REGIST	RATION FEE				
Cheque (payable to Jazz Music Institute) (atta	iched)					
Credit Card Credit card number	Credit card number			Exp	piry /	
Name on card	Signature			CV	V	
BSB: 014 245	Account Name: Jazz Music Institute Pty Ltd Please enter your initial and surname along with SJC in the payment description					

