

Please save this form as a PDF and e-mail to play@jazz.qld.edu.au or post to PO Box 2215 Fortitude Valley Qld 4006 to confirm your registration. You will receive a confirmation e-mail from JMI within 2 working days confirming receipt of this form.

## JMI NIGHT CLASS REGISTRATION FORM - TERM 1 2018

JMI Night Classes Term 1 will be held for 8 weeks from 14<sup>th</sup> February to 4<sup>th</sup> April 2018
The cost of the term is \$440 payable by cheque, direct debit or credit card (Please see bottom of page for payment details)

1. PERSONAL DETAILS (please use BLOCK LETTERS)														
Family Name:														
Given Names:							Preferred Name:							
Male Fer		Femal	le Date of E		Birth	th Day			Month			Year		
Email:														
Mailing address:	Mailing address:													
Number & Street or PO Box:														
Suburb									Sta	te				
Country									Pos	Postcode				
Phone ( )		Mobile	obile			F			Fax ( )					
2. INSTRUMENT														
Instrument:			No. of years playing:											
3. CLASS SELECTION (please select which class you would like to be in)														
Beginner Class (for jazz novices with limited exposure to improvisation)  Intermediate Class (for those who have experience in playing jazz and improvising)														
4. MUSIC EDUCATION														
Current Instrumental or Vocal teacher														
Name		L	Location			Phone				Email				
Practical/Theory Examinations taken														
Instrument/The	nstrument/Theory Teacher			Grade		Result			Yea		Examinin		Organisation	
5. JOINING OUR MAILING LIST?														
Would you be interested in receiving information about our tertiary courses and live performances?  Yes  No														
6. EMERG	SENCY (	CONTAC	T DETAII	_S										
Emergency Contact Name:				Relationship to this person:										
Contact Number 1:				Contact Number 2:										
7. PAYMENT OPTIONS - (\$440 REGISTRATION FEE)														
Cheque (payable to Jazz Music Institute)  Direct Debit Payment (an invoice will be sent to the e-mail address you provide)														
Visa Mastercard *Credit card nu				d number									_	
Name on card				Signature	Signature					Expiry	/	/	CVV	

<sup>\*</sup>Credit Card details can be provided over the phone by calling 07 3216 1110