

Please save this form as a PDF and e-mail to [play@jazz.qld.edu.au](mailto: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 2 2018

**JMI Night Classes Term 2 will be held for 8 weeks from 2<sup>nd</sup> May to 20<sup>th</sup> June 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                       | Female | Date of Birth | Day             | Month    | Year |
| Email:                     |        |               |                 |          |      |
| Mailing address:           |        |               |                 |          |      |
| Number & Street or PO Box: |        |               |                 |          |      |
| Suburb                     |        |               |                 | State    |      |
| Country                    |        |               |                 | Postcode |      |
| Phone ( )                  |        | Mobile        | 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                                  | Location | Phone | Email  |      |                        |
|                                       |          |       |        |      |                        |
| Practical/Theory Examinations taken   |          |       |        |      |                        |
| Instrument/Theory                     | Teacher  | Grade | Result | Year | Examining Organisation |
|                                       |          |       |        |      |                        |

**5. JOINING OUR MAILING LIST?**

|  |     |    |
|--|-----|----|
| Would you be interested in receiving information about our tertiary courses and live performances? | Yes | No |
|--|-----|----|

**6. EMERGENCY CONTACT DETAILS**

|                         |                              |
|-------------------------|------------------------------|
| 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 number _____  |     |
| Name on card                             | Signature  | Expiry /   | CVV |

\*Credit Card details can be provided over the phone by calling 07 3216 1110  
\*\*NO REFUNDS ARE AVAILABLE AFTER WEEK 1 OF CLASSES