

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 4 2018**

JMI Night Classes Term 4 will be held for 8 weeks from 10<sup>th</sup> October to 28<sup>th</sup> November 2018
The cost of the term is \$440 payable by cheque, direct debit or credit card (Please see bottom of page for payment details)

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1. PERSONAL DETAILS (please use BLOCK LETTERS)													
Family Name:													
Given Names:				Preferred Name:									
Male		Fema	Date of E	Date of Birth		Day		Month		Year			
Email:	Email:												
Mailing address:													
Number & Street or PO Box:													
Suburb							tate						
Country					Post	Postcode							
Phone ( )	ne ( ) Mo					Fa			ax ( )				
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)												ing jazz and	
4. MUSIC EDUCATION													
Current Instrumental or Vocal teacher													
Name		L	Location			Phone			Email				
—						L							
Practical/Theory Examinations taken										0			
Instrument/Theory Teache		Teacher	Grade			Result			Year Exa		mining 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 no			d number	mber							_	
Name on card				Signature	Signature			E	Expiry	/		CVV	

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

<sup>\*\*</sup>NO REFUNDS AVAILABLE AFTER WEEK 1 OF CLASSES