

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.

2019 JMI SUMMER JAZZ CLINICS REGISTRATION FORM

1. PERSONAL DETAILS

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:	
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3. CITY SELECTION (please select which city you would like to attend)

Brisbane – 14th to 17th January 2019	Canberra – 21st to 24th January 2019
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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
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6. EMERGENCY CONTACT DETAILS

Emergency Contact Name:	Relationship to this person:	
Contact Number 1:	Contact Number 2:	

7. PAYMENT OPTIONS - (\$550 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