



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 2 2019

JMI Night Classes Term 2 will be held for 8 weeks from 1st May to 19th June 2019

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)

| | |
|---|---|
| <input type="checkbox"/> Beginner Class (for jazz novices with limited exposure to improvisation) | <input type="checkbox"/> 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 processed over the phone by calling 07 3216 1110