

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 2019**

JMI Night Classes Term 4 will be held for 8 weeks from 9<sup>th</sup> October to 27<sup>th</sup> November 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			Ye	Year		
Email:												·			
Mailing address:															
Number & Street or PO Box:															
Suburb									State						
Country									Post	Postcode					
Phone ( ) Mo				Mobile	bile				Fax ( )						
2. INSTRUMENT															
Instrument:		No. of years playing:													
3. CLASS S	SELECTI	ON (ple	ease sele	ect which cla	ISS	you \	would I	like to be	e 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 E															
Current Instrument	Current Instrumental or Vocal teacher														
Name Location					Phon			none			Email				
Practical/Theory	Practical/Theory Examinations taken														
Instrument/Theo	strument/Theory Teacher			Grade			Result			Year	Examining Organisation				
5. JOINING OUR MAILING LIST?															
5. JOINING	5 OUR M	AILING	i 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:			nis person:								
Contact Number 1:						Contact Number 2:									
7. PAYMEN	ΙΤ ΟΡΤΙ	ONS - (\$	\$440 RE	GISTRATION		E)									
Cheque (payable to Jazz Music Institute) Direct Debit Payment (an invoice will be sent to the e-mail address you provide)															
Visa	Mast	d number	nber												
Name on card				Signature	Signature					Expiry		1	(	CVV	

\*Credit Card details can be processed over the phone by calling 07 3216 1110