

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.

2020 JMI SUMMER JAZZ CLINICS REGISTRATION FORM

HOW DID YOU HEA	AR ABOUT JMI?				
Social Media	Google search	Online Ad		Flyer/brochure	
School/Teacher	Word of mouth	Other (ple	Other (please specify)		
1. PERSONAL DET	AILS				
Title: Mr	Mrs Ms	Miss	Dr	Other	
Family Name:					
Given Names:	Preferred Name:				
Gender: Male	Female Other				
Date of Birth:					
Email:					
Mailing address:					
Suburb		State	Postcode		
Mobile	Landline		Fax		
2. INSTRUMENT					
Instrument:		No. of years playing:			
3. CITY SELECTIO	N (please select which cit	y you would like	to attend)		
Brisbane – 13 th to 16 th January 2020 Canberra – 20 th to 23 rd January 2020					
4. MUSIC EDUCAT					
Current Instrumental or Vocal	Location	Phone		Email	
Traine	25541611	T Heric		Lines	
5. JOINING OUR M	AILING LIST?				
Would you be interested in receiving information about our tertiary courses and live performances? Yes No					
	ONTACT DETAILS				
Emergency Contact Name:		Relationship to t	his person:		
Contact Number 1:		Contact Number	· 2:		
7. PAYMENT OPTI	ONS - (\$550 REGISTRATIO	N FEE)			
Cheque (payable to	Jazz Music Institute)				
Direct Debit Payment (an invoice will be sent to the e-mail address you provide)					
Debit/Credit Card (JMI will contact you to provide card details over the phone					
Contact Number 1: 7. PAYMENT OPTI Cheque (payable to Direct Debit Paymer	Jazz Music Institute)	Contact Number	-		