

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 9th October to 27th November 2019 e cost of the term is \$440 payable by cheque, direct debit or credit card (Please see bottom of page for payment details)

HOW DID YOU HEAR ABOUT JMI'S NIGHT CLASSES?						
Social Media	a Google search		Online Ad		Flyer/brochure	
School/Teacher	er Word of mouth		Other (please specify)		
1. PERSONAL I	DETAILS (please u	se BLOCK LETT	ERS)			
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 ()			Fax ()	Fax ()		
2. INSTRUMEN	Т					
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 jazz novices with limited exposure to improvising)				hose who have	experience	e in playing jazz and
4. JOINING OU	R MAILING LIST?		,			
Would you be interested in receiving information about our tertiary courses and live performances?				Yes		No
5. EMERGENCY	CONTACT DETAI	LS				
Emergency Contact Nam	e:		Relationship to this person:			
Contact Number 1:			Contact Number 2:			
6. PAYMENT O	PTIONS - (\$440 RE	GISTRATION FE	EE)			
Direct Debit Pa	ayment (an invoice will be se	nt to the e-mail address	you provide)			
Cash (to be paid in person)						
Credit/Debit Card (we will call to confirm card details over the phone)						