

SOMERSET HIGH SCHOOL JAZZ BAND FESTIVAL

MARCH 3, 2010

Somerset High School

625 County Street

Somerset, MA 02726

REGISTRATION FORM

(please type or print clearly)

Name of School: _____

Name of Group: _____

School Address: _____ Telephone #: _____

Jazz Band Director's Name: _____ Telephone #: _____

Email Address: _____

Director of Music Name: _____

Registration Fee: \$100.00 (make checks payable to "Somerset Friends of Music")

Instrumentation:

Saxes: _____ Trumpets: _____ Trombones: _____ Rhythm Section: _____

Other: _____ Staff: _____

Requested Performance Time: (visiting ensemble performances will take place on the ½ hour between 5:00 p.m. & 8:30 p.m.)

First Choice: _____ p.m. Second Choice: _____ p.m.

_____ My students will be purchasing pizza / drinks at the festival.

_____ My students will not be purchasing pizza / drinks at the festival.

**Please return registration form, ensemble set-up form, announcement form and registration fee by
Wednesday, February 10, 2010**

Mail Festival Registration Materials to:

Mr. David M. Marshall, Director of Bands

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