

CNY Jazz Arts Institute



CNY Jazz Arts Institute Registration

Student Name: _____

Instrument(s): _____

Age: _____ Grade: _____ School District: _____

Brief description of jazz experience and improvising:

Parent/Guardian: _____
(please print)

Address: _____
_____ Zip _____

Phone (day): _____ Phone (eve): _____

Phone (cell): _____ Other: _____

Additional Information (special needs, medications, etc.): _____
