

27TH ANNUAL FOLSOM JAZZ FESTIVAL

Saturday, January 23, 2016

2015/2016 APPLICATION

School Name _____

School Address _____ City _____ Zip _____

Director's Name (1) _____

GROUP NAME: _____

Director's Name (2) _____

GROUP NAME: _____

(For additional Directors and groups, please list on other side)

Director's School Phone Number _____ FAX Number _____

Director's (1) Home Phone number: _____ Cell Number _____

Director's (1) E-mail Address (required): _____

Director's (2) Home Phone number : _____ Cell Number _____

Director's (2) E-mail Address (required): _____

All correspondence will be sent to the school address above unless you indicate and provide address on reverse.

**School Enrollment as of April 1, 2015 (REQUIRED): _____ **

HOW MANY GROUPS ARE YOU BRINGING?

↓No. of Bands	↓No. of Choirs	↓No. of Combos	FEE SCHEDULE
			\$300 for 1 Group
			\$550 for 2 Groups
			\$800 for 3 Groups
			\$1,000 for 4 Groups

NOTE: We cannot offer refunds or waivers for cancellations

If you have a preference for performance time, please indicate here → _____

APPLICATIONS RECEIVED FIRST - WITH CHECK - WILL RECEIVE HIGHEST PRIORITY.

Performance times are based on the order applications are received.

PLEASE MAIL YOUR APPLICATION AND CHECK TO:

FOLSOM HIGH SCHOOL

C/O Curtis Gaesser, Music Department
1655 Iron Point Road, Folsom, CA 95630

Check made payable to: **FOLSOM HIGH SCHOOL MUSIC BOOSTERS**

Check our website for scheduling information: www.FolsomMusic.org

QUESTIONS? Call Curtis Gaesser (916) 985-3103 – FAX (916) 985-3307

FOR OFFICE USE ONLY

DATE REC'D: ____/____/____ AMT: \$ _____ CH # _____ CONF SENT : ____/____/____ APP # _____

