

Al Sears Jazz Festival

"Artists in Residence Day" at WIU

Registration Form

for master class, clinics, and break out sessions on Friday, September 15, 2006

PLEASE PRINT OR TYPE

Director's Name _____ E-Mail address _____

School _____ Phone (Area Code _____) _____

School Address _____

Street, RR, or Box

City, State, & Zip

Number of registrants _____ List the names: _____

If you have additional registrants, please list on back.

Amount enclosed: \$ _____

Band Director's signature

Principal's signature

Date

Date

Please make check or money order payable to WIU Bands - \$20 per person. Deadline is September 8th!

Submit to:

University Bands
School of Music
Western Illinois University
1 University Circle
Macomb IL 61455