

2009 Villanova Jazz Festival

Registration Form

Please print and complete this form to be considered for participation in the 2009 Villanova Jazz Festival. Fax the completed form to 610-519-7596.

Someone from the jazz festival committee will contact you. **Please Note:** You are advised to view the insurance requirements posted at:

<http://www.villanovamusic.com/insurance.html>

Name of organization: _____

Director's name: _____

Organization information

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Director Cell Phone (or other number for use during the Festival): _____

Email address: _____

Has your organization appeared at the jazz festival in the past? _____yes _____no

How did you hear about the Villanova Jazz Festival?

Please check the event(s) you would like your group like to participate in.

_____ **March 15** High School Festival

_____ **March 20** Collegiate Combo Festival

_____ **March 21** Collegiate Big Band Festival/Jazz Workshop & Jam Session/Evening Concert