

Jazz Festival Registration Form

Year of Participation _____

Ensemble Registration	
Number of Ensembles Participating (\$275 per ensemble)	
Total Enclosed (Please make checks payable to University of Minnesota)	
\$	

Registration Information	
Director Name	
School Name	
School Address	
Phone	
Email	

Please mail this form with payment to:

Dean Sorenson
University of Minnesota School of Music
100 Ferguson Hall
2106 Fourth Street South
Minneapolis, MN 55455

SCHOOL OF MUSIC

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