



JERSEY SHORE JAZZ & BLUES COMMUNITY YOUTH PROGRAM STUDENT REGISTRATION FORM

I want to become a student participant in the Jersey Shore Jazz & Blues Community Youth Program.

My name is: _____

My mailing address is: _____

City: _____ State: _____ Zip: _____

Contact me by telephone at: (____) _____ Home Phone #

(____) _____ Cell Phone #

(____) _____ Emergency Phone #

My e-mail address is: _____

Emergency e-mail address is: _____

I am _____ years old My Birthday is: _____ My grade/year in school is: _____

Explain why you want to participate in the Jersey Shore Jazz & Blues Community Youth Program?

Describe your musical experience and interests below:

I have no musical skills or experience at all, but I honestly want to learn.

What instrument(s) do you play? _____

How long have you played? _____ Are you in a band or other musical group? _____

Do you take private lessons? _____ If yes, how often are your lessons? _____

What other instrument(s) would you like to play? _____

Do you have your own instrument(s)? _____ Do you have your own equipment and/or supplies? _____

Do you like to sing? _____ Would you like to sing in a Choral Group? _____

I would like to become a student member of the Jersey Shore Jazz & Blues Foundation (Annual Fee \$20).

I have Questions and/or Comments written on the reverse side.

Parental, Guardian or Other Adult involvement is essential for student participation in this Program.

Print Name of Involved Adult: _____ Relationship to Student: _____

Adult Signature

Date



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STUDENT REGISTRATION FORM**

Please write your Questions and/or Comments below:

----- FOLD HERE -----

Name

Address

City State Zip

U.S.
Postage
Stamp

Jersey Shore Jazz and Blues Foundation
c/o El Lobo Negro Art Gallery
519 Bangs Avenue
Asbury Park, NJ 07712

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