

FORM 9

ATSSB ALL-STATE JAZZ ENSEMBLE AUDITION CD ENTRY FORM 9

This completed form should accompany each All-State Jazz Ensemble Audition CD. There is a \$40 entry fee for each CD submitted.

PLEASE TYPE OR LEGIBLY PRINT!

CD AUDITION LETTER _____
(to be completed by State Jazz Coordinator)

NAME: _____ GRADE: _____ SOCIAL SECURITY #: _____ - _____ - _____

SEX: _____ AGE: _____ INSTRUMENT: _____ SCHOOL: _____

HOME ADDRESS _____

CITY AND ZIP CODE _____ PHONE () _____

STUDENT'S CELL # _____ STUDENT'S PREFERRED EMAIL _____

PRINCIPAL'S NAME _____ DIRECTOR'S NAME _____

DIRECTOR'S CELL # _____ DIRECTOR'S PREFERRED EMAIL _____

SCHOOL ADDRESS _____

CITY AND ZIP CODE _____ PHONE () _____

SCHOOL REGION _____ SCHOOL CLASSIFICATION: A AA AAA

Statement of compliance: I have read the rules and procedures pertaining to auditions for the ATSSB All-State Jazz Ensemble. I understand that if I am selected for membership in the ATSSB All-State Jazz Ensemble, I am unable to audition for any other Area or State ensemble, but if not selected I am eligible to advance to Area in the initial Track selected.

STUDENT'S SIGNATURE _____ DATE _____

DIRECTOR'S SIGNATURE _____ DATE _____

Certified for submission to the All-State Jazz Ensemble CD Auditions by:

SIGNATURE _____, Region _____ Coordinator DATE _____