

ATSSB Region 3 Jazz Festival

School Name: _____

District Name: _____

Director Name: _____ Contact Number: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____

Number of Performers: _____

Director Signature: _____

Please make checks Payable to: ATSSB REGION 3. Checks can be mailed to:

KYLE WHITE
Grand Saline High School
500 Stadium Drive
Grand Saline, TX 75140