



Mail with tuition to:  
West Milford Summer Jazz Academy  
P.O. Box 603  
West Milford, NJ 07480-0603

Checks made out to WMBPA

## Student Registration

### **STUDENT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Grade as of 2019-20 School Year: \_\_\_\_\_

School You Attend: \_\_\_\_\_ Band Director: \_\_\_\_\_

Private Teacher (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

Instrument #1 (circle one):

Alto Sax	Trumpet	Bass
Tenor Sax	Trombone	Guitar
Bari Sax	Piano	Drums

Instrument #2 If Applicable (circle one):

Alto Sax	Trumpet	Bass
Tenor Sax	Trombone	Guitar
Bari Sax	Piano	Drums

Years of study on instrument \_\_\_\_\_

Improvisation Level (circle one):    Beginner    Intermediate    Advanced

List any honor ensembles/outside school ensembles you have participated in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### **SESSION TIME:**

**9am-12pm**