

The 2007

CENTRAL FLORIDA MIDDLE SCHOOL JAZZ WORKSHOP

Registration Form

School Name: _____

Director's Name: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ School FAX: _____

Director's e-mail: _____

Number of students in the band: _____

Estimated number of chaperones/directors: _____

Registration Fee: \$350 per band

***Directors who wish to attend the clinics (without bringing a band) may do so for a \$25 registration fee.*

Please make checks payable to L. B. Johnson Middle School

Please send this registration form and fee to:

L. B. Johnson Middle School
C/O Laura Singletary/Robert Clark
2155 Croton Road
Melbourne, Florida 32935

*****Forms and Fees are due no later than MARCH 15, 2007!*****

Once we have received your registration form, more information will be sent to you including the schedule for the performances, local lodging and restaurant information, and workshop details!!!