

Summer Jazz Band Application

Name: _____

Address: _____

Phone:

(hm) _____ (wk) _____

Parent's Name: _____

Instrument: _____ Other: _____

Years Of Playing: _____ Age: _____

School(last year): _____

Teacher: _____

Private Instructor: _____

Previous Jazz Experience: _____

Session

Preferred: _____

Mail this application along with a check for \$150.00 to:

Ron Ebel
709 San Luis Rey Dr.
Oceanside CA, 92054

For more information call Ron Ebel at (760) 757-3096