

MCCC 2019 Summer Jazz Institute

Registration Form

Student's Name: _____ Grade: _____

Instrument(s): _____ Years of experience: _____

Address: _____

City, State, Zip: _____

Parent/Guardian Name (if under 18): _____

Cell: _____ Home: _____

Email: _____

☐ I would like to attend the Summer Jazz Institute from July 29 – August 2, 2019. Classes meet from 9 am until 5 pm. On Friday, August 2nd, there will be an evening concert featuring all of the students and our Guest Artist.

☐ I hereby give permission for this student to attend Mercer County Community College's Summer Jazz Institute, subject to the authority of the Institute director and staff. I agree not to hold the college or staff responsible for loss of money, jewelry, or personal articles brought to the classes by the student. I also give permission for the use of any photographs/videos of the student to be used in MCCC public relations.

Payment Method:

☐ Enclosed is my check payable to Jazz Institute/MCCC.

☐ I will pay with a credit card (\$2 fee)

To pay by credit card – go to www.kelseyatmccc.org Click online tickets, buy tickets online now.

Please mail registration and fee to:

Jazz Institute/MCCC Music Department, 1200 Old Trenton Rd. West Windsor, NJ 08550

Questions? Call 609-570-3716 or email hornicks@mccc.edu

PLEASE NOTE: There are no tuition refunds.