

JazzQuest Competition Entry Form

Combo Band name:

School(s) represented:

Teacher in charge:

Contact details:

Phone (day): Evening:

Email:

agrees to the performance/s of the band/s to be livestreamed via Ara Music Arts Facebook page. (No recordings of the livestream will be made or stored by Ara).
(School/s name)

I have read and agreed to the conditions of entry. Please refer overleaf for payment options.

Signed: Date:

Band members:

	Instrument	Name	Year	Level
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				

Intended set list for performance

	Piece	Name	Composer	Original
1				
2				
3				
4				
5				

Payment:

Number of students attending

at \$25pp including GST

Total \$

Direct Credit into: **02 0800 0911670 03**, BNZ Fitzgerald Avenue Branch, Swift BKNZNZ22800
(please add JAZZQUEST to reference box)

Please post this entry form:

JazzQuest Competition
Ara Music Arts
PO Box 540
Christchurch 8140
New Zealand

Contact:

Gwyn Reynolds
gwyn.reynolds@ara.ac.nz

For further details go to:

www.ara.ac.nz/music
0800 24 24 76