



JazzQuest Competition Entry Form

Band name:		Ensemble / Big Band (please circle one)						
School(s) represented:							
Teacher	in charge:							
Contac	ct details:							
Phone (day):				Evening:				
Email:								
				e performance/s of the b age. (No recordings of the				
(School/s						Thade or store	o by Ala).	
I have re	ad and agreed to the	conditions of en	try. Please refer	overleaf for payment op	tions.			
Signed:				Date:				
Band n	nembers:							
	Instrum	ent		Name		Year	Level	
1								
2								
3								
4								
5								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22	1						1	

Intended set list for performance

	Piece	Name	Composer	Original
1				
2				
3				
4				
5				

Payment:						
Number of students attending		at \$15pp 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