MacPhail
CENTER FOR MUSIC

Jazz Combo Student Information

Name: _____ Age: _____ Grade: _____

School: _____

Home Address: _____

Parent Phone: _____ Student Phone: _____

Parent Email: _____

Student Email: _____

Primary Instrument: _____ Secondary Instrument: _____

Parent or Guardian Contact Name: _____

Weekly Schedule: *Please list any foreseeable weekly time conflicts you might have during the coming school year.*

Time / Period	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday