Kenneth Carroll Workshop Director kdcarroll@astate.edu 870-972-3763

## **Delta Jazz Workshop**July 11-15, 2016

Camp	er In	form	ation	1
------	-------	------	-------	---

Last Name: First Name: Sex: M F

Phone: Grade Next Fall: Email:

Mailing Address:

City: State: Zip: Instrument:

Name of School You Attend:

Staying in Dorm: Yes No Roommate Choice:

## Registration

On-Campus: \$250 (plus refundable key deposit of \$75)

Includes: Tuition, Room, Board, Music, Activities, and Insurance

Off-Campus: \$150

Includes: Tuition, Music, Activities, and Insurance

## **Discounts**

\$15 Discount if paid by June 1

\$40 Discount if 2015 All-State Member

Total Due

Please Note: This form can only be submitted when opened in Adobe Reader or Adobe Acrobat. If you are viewing it inside your browser, the Submit button will not work. In this case, go back and save the file to your computer.

A deposit of \$75 must be made at the time of application. Balance to be paid on Monday, July 6, during registration, or in advance by contacting the A-State Cashier's Office at 870-972-3847.

Make checks payable to DELTA JAZZ WORKSHOP, and mail to:
A-State Treasurer's Office, P.O. Box 2640, State University, AR 72467

Please include Jazz Camp account number on all checks: 139904-256301-512999-1440

Like us on Facebook: