



BAND NAME: _____

MAIN CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE(S): _____

SELECT STYLE:

SOUL JAZZ/GROOVE

LATIN JAZZ/WORLD FUSION

MAINSTREAM W/VOCALIST

NEW ORLEANS

APPLICATION CHECKLIST:

Band Photo

Band Bios/Resumes

Individual Bios/Resumes

Demo CD with 4 tunes (not exceeding 20 minutes)

Band Member Names	Highest Level of Education (school & degree)*	Age	Level of Sight Reading Ability (Novice, Intermediate, Advanced)**

* Applicants need not have music degrees to apply

** Some sight reading & knowledge of music theory is required.

Please send application packet **postmarked no later than April 1, 2009** to:

Jazz Aspen Snowmass
Attn: JAS Academy
110 E. Hallam Ste 104
Aspen, CO 81611
(970)920-4996