

## School Booking Form

1.	School Nam	ne						
2.	Mailing Add	Iress						
	City				State	e <u>Z</u>	<u>'ip</u>	
3.	Phone				Fax			
4.	Please indicate three possible performance dates and times, in order of preference:							
	1st choice	1st choice						
	_	day of week	•	date/month/yea	r	st	art time	
	2nd choice	d choice						
		day of week date/month/year		r	st	art time		
	3rd choice	hoice						
	-	day of week	-	date/month/yea	r	st	art time	
5.	Person sign	ning contract	and recnanci	ble for navm	ant:			
J.	Person signing contract and responsible for payment:							
	First Name			Loot Name		Title		
	riisi Name		!	Last Name		Title		
	Mailing address							
	walling address							
	City			State		Zip		
						•		
	Phone		Fax		Email			
6.	Contact per	rson on performance day (direct musicians to space, find outlets, set up slide screen, etc.)						
	First Name		I	Last Name		Title		
	Phone		Fax		Email			
7.	Performanc	e location:	□ auditorium	□ cafeteria	□ avm	☐ music room	n □ other	
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8.	Estimated A	Audience						
	Number of Stu	udents	Number of Teachers			Number of Parents		
9.	Type of piar	pe of piano available □ grand □ upright □ none						
10	Screen in room for PowerPoint Presentation: ☐ Yes ☐ No							
	2.33							
11.	How did you	u hear about	Jazzistry™?:					