

Northern California Band Association
JAZZ BAND FESTIVAL
 University of Santa Clara – Santa Clara, California
 Saturday, April 21st, 2012
ENTRY FORM

School Name _____ Phone & Ext.(_____)

Director's Name _____ Home Phone (_____)

School E-Mail Address _____ School Fax(_____)

School Address _____

Number Street

City State Zip

List of Group(s) to Perform:

Name of FIRST Group #1 _____ Number of Musicians? _____

Placement in School Program : _____ (Advance, Intermediate, Beginning,

Prominent Grade Levels? _____ Rehearsal Hours Per Week: _____

Please Check ONE Option: _____ Sight Reading _____ Clinic
 (Sight Reading required for Unanimous Superior Rating)

Name of SECOND Group #1 _____ Number of Musicians? _____

Placement in School Program : _____ (Advance, Intermediate, Beginning,

Prominent Grade Levels? _____ Rehearsal Hours Per Week: _____

Please Check ONE Option: _____ Sight Reading _____ Clinic
 (Sight Reading required for Unanimous Superior Rating)

Additional Information To Assist The Adjudicators: _____

Cancellations at or after the deadline NO refunds will be issued

– FEE Includes an Awards Plaque -

Preferred Time: (Check) Morning _____ Afternoon _____ Evening _____

APPLICATION DEADLINE: Friday – March 12, 2012

Make checks payable to NCBA:
 Mail Checks & Forms To:
 NCBA Festival Chairman
 C/O Rowland Nielson
 980 St Francis Way
 Ukiah, CA 95482

_____ First Group	\$150.00 \$ _____
_____ Second Group	\$150.00 \$ _____
_____ Third Group	\$150.00 \$ _____
_____ NCBA Dues (If not paid)	\$ 45.00 _____
Total Enclosed \$ _____	
Please, NO Purchase Order	