

#### Dr. Phillips Center for the Performing Arts

## high school jazz band regional festival

# Essentially Ellington Registration Form

### contact information (please print legibly)

	county
city	zip code
cell phone	
fax	
entially Ellington (EE) progr	ram?
ome a member so you can r akes less than five minutes	egister for this festival. Your membership give: s.
omposers*: t	entative
Composer:	
Composer:	
Composer:	
	*All songs must be confirmed by February 1.
	cell phone  fax  entially Ellington (EE) programe a member so you can retakes less than five minutes composers*:  Composer:  Composer:

### registration checklist

- $\square$  be a member of free *EE* program
- ☐ include check with this form
- ☐ all students and directors must complete liability and media release form before festival
- ☐ Submit Band Roster (including ft. vocalists)

Make checks payable to Dr. Phillips Center for the Performing Arts (note "Essentially Ellington" on the memo line).

Mail to:

**Dr. Phillips Center for the Performing Arts** *Essentially Ellington Regional Festival*155 East Anderson Street
Orlando, FL 32801

