

ALCORN STATE UNIVERSITY
37th Annual Alcorn State University Jazz Festival
Saturday
April 22, 2017

FESTIVAL APPLICATION

1. School _____

2. Address _____

3. Director _____

Home Phone _____ Fax _____

School Phone _____ E-mail Address _____

4. Will your group perform? Yes_____ No_____

A. Performing group will attend workshop?

Yes_____ No_____

B. Performing group will attend evening concert?

Yes_____ No_____

C. Would like adjudicator comments on group's performance.

Yes_____ No_____

5. Group will not perform but will attend workshop and evening concert.

Yes_____ No_____

6. Number of group (including all personnel-equipment manger, etc.) _____

7. Will the group attend the early evening student reception/jam session?

Yes_____ No_____

PLEASE RETURN TO: davemilleralcorn@yahoo.com

Fax: 601-877-6262

(or mail to:)

Dr. David C. Miller

1000 ASU Drive #1066

Alcorn State, MS 39096-7500

<http://www.alcorn.edu/jazzfest/>