***ALCORN STATE UNIVERSITY***

***42nd Alcorn State University Jazz Festival***

**Saturday**

**April 20, 2024**

**Vicksburg Convention Center**

**FESTIVAL APPLICATION**

1. School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/cell 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\_\_\_\_\_

1. 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](mailto:davemilleralcorn@yahoo.com)

601-877-6602 (or mail to: )

**Dr. David C. Miller**

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**Lorman, MS 39096-7500**

[www.alcorn.edu/jazzfest](http://www.alcorn.edu/jazzfest)