

NHBDA JAZZ CLINIC REGISTRATION FORM

January 21, 2012

Hollis-Brookline High School

School Name _____

Ensemble Name _____

Please select one of the following:

AM Session 9:00-1:45

PM Session 12:30-4:50

Either AM or PM is okay

Please include check for \$200 made out to NHBDA and send to:

**Dave Umstead
Hollis Brookline High School
24 Cavalier Court
Hollis, NH 03049**