

NHBDA JAZZ CLINIC REGISTRATION FORM

January 26, 2019

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 \$225 made out to NHBDA and send to:

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