



CAL POLY

Music

COLLEGE OF LIBERAL ARTS

Official Use Only

___ MB ___ UJB ___ WOVE ___ KKPsi

CALIFORNIA POLYTECHNIC STATE UNIVERSITY SAN LUIS OBISPO

Jazz Studies Program

Please Print Clearly

DATE: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE INITIAL: _____

PRIMARY INSTRUMENT/VOICE: _____ SECONDARY INSTRUMENT(S) _____

ENSEMBLE(S): ☐ JAZZ ENSEMBLE ☐ JAZZ BAND ☐ VOCAL JAZZ ENSEMBLE ☐ JAZZ COMBOS (MUST PLAY IN A BIG BAND IF SELECTED IN ORDER TO PERFORM IN A COMBO)

DATE OF BIRTH: _____ MAJOR AT CAL POLY: _____

YEAR IN SCHOOL: ☐ FRESHMAN ☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR ☐ GRAD ANTICIPATED. QTR. /YR OF GRADUATION: _____

LOCAL ADDRESS: _____
(city) (zip)

LOCAL PHONE: (____) _____ WIRELESS PHONE (if different): (____) _____

HOME ADDRESS: _____
(city) (zip)

HOME PHONE: (____) _____ EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____
(name) (phone) (relationship)

EMERGENCY CONTACT: _____
(name) (phone) (relationship)

HIGH SCHOOL: _____ YEAR OF HS GRADUATION: _____

NAME OF HIGH SCHOOL DIRECTOR: _____

DO YOU OWN YOUR OWN INSTRUMENT? _____

If YES:

- TYPE, BRAND, MAKE, AND MODEL OF INSTRUMENT: _____

- LIST ANY OTHER INSTRUMENTS YOU OWN: _____

PLEASE PRINT YOUR FIRST AND LAST NAME AND MAJOR EXACTLY AS YOU WOULD LIKE TO SEE IT PRINTED IN OUR CONCERT PROGRAMS:

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Student Signature: _____ Date: _____

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Student Signature: _____ Date: _____