

weareone

School Registration Form

YES! Please include us as a 'We Are One' Jazz School!

School _____

Address _____ PC _____

Tel _____ Fax _____ E-Mail _____

Principal _____

Contact _____ Position _____

We wish to send _____ students from Grades 3 to 6. Our classes:

Teacher: _____ Gr. _____ No. _____ E-mail _____

Teacher: _____ Gr. _____ No. _____ E-mail _____

Teacher: _____ Gr. _____ No. _____ E-mail _____

Teacher: _____ Gr. _____ No. _____ E-mail _____

Teacher: _____ Gr. _____ No. _____ E-mail _____

**Our preferred time for an in-school workshop with the conductor and pianist is:
(please circle one)**

Mon., Oct. 4	9:00 am	10:30 am
Thurs., Oct. 7	9:00 am	10:30 am
Fri., Oct. 8	9:00 am	10:30 am
Fri., Oct. 22	9:00 am	10:30 am
Mon., Oct. 25	9:00 am	10:30 am
Fri., Oct. 29	9:00 am	10:30 am

We will be ensure student permission and photo release forms by the first rehearsal.

Signature _____ Date _____

Fax back ASAP to guarantee your students' spaces: 905-729-0037