

Jazz in the Schools Tour - Spring 2009

Jazz Means Freedom

Featuring Eli Yamin Quintet

For reservations, fully complete this form and fax to **James Antonucci** at 212-258-9900. **Completed forms are due Wed, February 25, 2009**

Date: March 30-April 3, 2009
Time: 50-60 minutes (flexible to accommodate school schedules)
Cost: \$600 per in-school performance; \$5 per student Dizzy's Club Coca-Cola, with a free chaperone ticket for every 10 students. Additional chaperone tickets are \$8 each.

1a

IN SCHOOL PERFORMANCES

\$600 per concert

Date	Time	AM performances are scheduled between 9:00am and 10:30am; PM performances between 12:00pm and 1:30 pm. We will do our best to accommodate your preferences.
__ Monday, March 30	__ AM __ PM	
__ Tuesday, March 31	__ AM __ PM	
__ Wednesday, April 1	__ AM __ PM	
__ Thursday, April 2	__ AM __ PM	

Please indicate 1st - 3rd choices

1b

DIZZY'S CLUB COCA-COLA PERFORMANCES

\$5 per student

Date	Time	For schools attending concerts at Frederick P. Rose Hall only:
__ Friday, April 3	10:30am	Number of students attending: _____ x \$5 = \$ _____
__ Friday, April 3	11:50am	Number of free chaperones: _____ x \$0 = \$ _____ (1 free chaperone per 10 students)
		Number of extra chaperones: _____ x \$8 = \$ _____
		Total Amount Due: \$ _____

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PROFESSIONAL DEVELOPMENT SESSION

recommended for all teachers

Are you the contact for teacher training? _____ Yes _____ No

If no, please provide contact person

Phone _____ Email _____

Please hold _____ (at least one) spaces for teachers to at the professional development session held on **Monday, March 16, 2009**.

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CONTACT INFORMATION

please fill in all fields!

School/Organization _____

Contact Name _____ Position _____

School Address _____

City _____ State _____ Zip _____

Day/School Phone _____ Evening/Cell Phone _____

Fax _____ Email _____

Grade(s) _____ Best time to call _____

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PAYMENT INFORMATION

please check off the payment option you will be using

Paying by **purchase order** - P.O. number: _____
P.O. number must be received by March 28, 2008

Paying by **check** - check number: _____

Paying by **credit card**: Amex Discover MasterCard Visa

Please complete in full for credit card payment.

Name on Card _____

Card # _____ Exp. Date _____

Cardholder Signature _____

Billing Address (if different from school address listed above) _____

Checks should be made payable and sent to:

Jazz at Lincoln Center 33 West 60th Street, Floor 11, New York, NY 10023

Jazz at Lincoln Center's NYC-FMS vendor number: JAZ005000

Jazz at Lincoln Center's contract number: QR164AG

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CONFIRMATION

Reservations will be processed on a first come, first served basis and will be confirmed via telephone. **Payments** can be made via purchase order, check, or credit cards. Checks and Purchase Orders should be made payable to **Jazz at Lincoln Center**. Cash will not be accepted for any performances. Payments and/or proof of Purchase Order must be received **2 weeks before the performance date**. Groups attending the Frederick P. Rose Hall performances are required to pay for the number of students and chaperones listed on this order form (even if fewer show up). Payments are not accepted the day of the performance.

Cancellation Policy: Cancellations must be made within two weeks of the **tour start date** or no refund will be issued. Cancellations made less than two weeks before the tour start date will require payment in full.

This performance is subject to photo & videorecording for JALC promotional purposes.

I understand and agree to the terms listed above.

Printed Name _____

Signature _____

Date _____

For more information contact:

James Antonucci

Phone **212-258-9974** Fax **212-258-9900**

Email **Jantonucci@jalc.org • jalc.org**

