

Limerick Jazz in association with IMC present
YOUNG IRISH JAZZ MUSICIAN 2020 APPLICATION FORM

Attach
photo
here

Please fill in this form carefully and return it to us -
by email - along with your proof of age and video by Monday 31 August:

Email: limerickjazzfestival@gmail.com

First Name	<input type="text"/>	Surname/ Family name	<input type="text"/>
Instrument	<input type="text"/>	Date of Birth	<input type="text"/>
Home Address	<input type="text"/>		
	Eircode/ Postcode		<input type="text"/>
Email	<input type="text"/>	Mobile No.	<input type="text"/>
Parent/ Guardian Name	<input type="text"/>	Parent/ Guardian Email	<input type="text"/>
School Name	<input type="text"/>		
School Address	<input type="text"/>		
Weekend music school/ jazz band or other jazz ensemble	<input type="text"/>		
Interests	<input type="text"/>		
Where did you hear about our event?	<input type="text"/>		
Do you have a disability or health issue, including mental health?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes please let us know how we can help you in your application
			<input type="text"/>
			<input type="text"/>

Please fill in the boxes below to let us know what you're playing on your video:

Name of Piece	Composer
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Video Filename:

I agree to take part in Young Irish Jazz Musician 2020 and abide by its rules Yes

I consent to the recording of my contribution subject to the rules,
terms and conditions, which I have read Yes

Your Signature	<input type="text"/>	Parent/ Legal Guardian Signature	<input type="text"/>
----------------	----------------------	-------------------------------------	----------------------