REGISTRATION FORM - CSN Jazz Combo Camp 2009

Mail the Registration Form and Menu Form with check to the address below

(Please type or print legibly)

Name _____

Address_____ City, State, Zip_____

Home Phone ( )_____ Work Phone ( )_____

Age _____ Instrument_____ Years Experience _____

Voice (circle one:) Soprano, Alto, Tenor, Bass

School _____ 2009 grade in school _____

Amount Enclosed:

_____$150 Tuition only or _____$165 - Tuition and t-shirt
(circle your size: S, M, L, XL or XXL)

_____
Parent/Guardian Signature Date

_____
Signature of Applicant Date

Make check(s) payable to: Board of Regents

Mail to:
Carolyn Barela - Jazz Camp Coordinator
Department of Fine Arts - sort code J1A
College of Southern Nevada
3200 East Cheyenne Ave.
North Las Vegas, Nevada 89030-4228

MENU FORM: Your name _____

One box lunch daily per participant. Please "X" each day of the week your choice of Sandwich **OR** Salad **(not both)**.

Sandwiches:	M	T	W	Th	F
Ham & Cheese: ham, American ***or*** Swiss cheese, lettuce, tomato, red onion					
Turkey: turkey, lettuce, tomato, red onion					
Club: turkey, ham, American ***or*** Swiss cheese, lettuce, tomato, red onion					
Vegetarian: American ***or*** Swiss cheese, sprouts, tomato, cucumber, red onion					
Salads:	M	T	W	Th	F
Garden Salad: lettuce, tomato, cucumber, red onion					
Chicken Salad: home-made chicken salad, lettuce, tomato, cucumber					
Salad Dressings: Mark your choice for each day of the week:	M	T	W	Th	F
(R) Ranch (I) Italian (F) French (BC) Blue Cheese (TI) Thousand Island					

RETURN THIS MENU FORM ALONG WITH YOUR REGISTRATION FORM