



Registrant Information

Full Name:

Last: _____ First: _____ Middle: _____

Date of Birth: _____

Age: _____

Current Address:

Street, House, or Apartment Number: _____

City: _____ State/Province: _____

Zip/Postal Code: _____

Phone (Home): _____

Phone (Cell): _____

E-mail: _____

Educational Information

Current School/College Name (if applicable): _____

Grade/Level: _____

Teacher's Name (if applicable): _____

Instrument (if applicable): _____

Emergency Contact

Full Name: _____

Relationship: _____

Phone: _____

Event Information

How did you hear about this event?

Social Media

Website

Referral

Other: _____



Special Requirements (Dietary, Accessibility, etc.):

Agreement

By signing below, I certify that all information provided in this registration form is accurate. I understand that my participation in the event is subject to the terms and conditions set by **MSM Arts United Inc.**

Registrant's Signature: _____

Date: _____

**Mail completed registration form by February 21st, 2025 to:
meltonmustafajazzfestivalteam@gmail.com**

For Administrative Use Only

Registration Number: _____

Payment Received: Yes No

Notes: _____