

BAND NOMINATION FORM
24th GRAMPIANS JAZZ FESTIVAL
HALLS GAP 12-14th FEBRUARY 2010

BAND NAME.....TYPE OF JAZZ.....

BAND LEADER

ADDRESS.....

.....POSTCODE.....PHONE.....

BAND MEMBERS NAMES	INSTRUMENT
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AN ACNOWLEDGEMENT WILL BE ISSUED AT THE TIME FORM RECEIVED THEN
BANDLEADER WILL BE NOTIFIED OF ACCEPTANCE & TIME SLOTS SOON AFTER 15TH JAN

PLEASE LIST ANY TIME THAT THE BAND CANNOT PLAY DURING THE PROGRAM

FRIDAY NIGHT

SATURDAY AFTERNOON.....

SATURDAY NIGHT

SUNDAY

DECLARATION BY BANDLEADER

I,, have contacted each of the musicians listed to appear in the
above band and all listed musicians reasonably intend to register for the 24th Grampians Jazz Festival. I
guarantee to notify any change or replacement member of the band if different at the time of performance.
FORMS MUST BE RETURNED BY **NOVEMBER 30th** TO ALLOW TIME FOR PROGRAM PREPARATION
RETURN TO: GRAMPIANS JAZZ FESTIVAL

BOX 503
HAMILTON 3300

PETER MILBURN
0355 723443 0429 723443