



CUESTA VOCAL JAZZ FESTIVAL SOLO WORKSHOP APPLICATION

Friday and Saturday, November 6-7, 2020

3:00pm – 6:30pm

Date: _____ School: _____

Address: _____ City/State/Zip _____

Director Name(s) _____ Phone _____

Email Address _____

Participant Names (Maximum 3 per school)

1) _____

2) _____

3) _____

We would like to perform on: Friday _____ Saturday _____

Entry Fee: \$20 per vocalist X _____ = \$_____ total

- Please email or mail on or before October 16, 2020.
- No refunds after October 16, 2020. Space is limited on a first-come, first-serve basis.
- Email: michelle_wright1@cuesta.edu Number: (805) 546-3195

Credit Cards by phone or mail

(receipt will be emailed to you)

Credit Card Type (MC, Visa, Discover) _____

Card Number _____

Expiration _____ 3 Digit Code _____

Please make checks payable to:

Cuesta College Vocal Jazz Festival

c/o Michelle Wright

PO BOX 8106

San Luis Obispo, CA 93403