

2019 Cyprus International Jazz Workshop

In-person Registration Form (please print clearly)

First Name _____ Middle Name _____

Last Name _____ Gender: M F Age _____

Date of Birth _____

Mailing Address _____ City _____ Country _____

Mobile Phone _____ E-Mail _____

Parents Name (if under 18) _____ Mobile _____

Instrument _____ Years Played _____

School/University _____

Instrument Skill Level Low 1 2 3 4 5 High

Sight-Reading Skill Low 1 2 3 4 5 High

Jazz Knowledge Low 1 2 3 4 5 High

T-Shirt Size S M L XL XXL XXXL

What is your purpose to attend the workshop?



EU Infopoint is funded by the European Union.

