

Additional Band Personnel: (full time members of ensemble, but not on the recording)

| Name | Instrument | Grade | Name | Instrument | Grade |
|-------|------------|-------|-------|------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

List all featured soloists by name and instrument:

Title Soloists/Instr
 Groove Merchant _____

L'il Darlin' _____

(Director's Choice)

This application is submitted with the full approval of the school administration and in compliance with all policies set forth. The signatures below indicate that the directors and administration understand and agree to all the requirements outlined in the Application form, and that all information therein is accurate and truthful. The signatures also indicate that the tape submitted has been made according to the requirements. The application indicates that the band (must be the same personnel as listed on Application form), if selected, will perform at **Swing Central**, Savannah Music Festival's High School Jazz Band Competition & Workshop, April 3rd thru April 5th, 2008

We hereby irrevocably grant to Savannah Music Festival, its agents, licensees and assigns, the right to use in any and all media and in any and all forms this applicant's and its members' name, likeness, photographic prints and any reproduction of their sounds, performance or appearance while attending **Swing Central**, for any purpose including promotion, advertising, or otherwise. With the use of the rights, we hereby release Savannah Music Festival and its agents, licensees and assigns from all claims, liabilities and/or damages which now or in the future may arise from such use.

 Signature of Band Director Date

 Signature of Principal Date

Mail, along with band recording, to:

**Swing Central
 Savannah Music Festival
 204 West Saint Julian Street
 Savannah, GA 31401**

