



April 25, 26, 27, 28 2017

Kansas City Kansas Community College

Please complete one form per group.

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Director's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Group Name: \_\_\_\_\_

**Date preference:**  Tuesday, 4/25  Wednesday, 4/26  Thursday, 4/27  Friday, 4/28  
(Vocal Jazz Only)

**Type of performance group:**  Jazz Choir (Tuesday Only)  Jazz Ensemble  Jazz Combo

Please select performance category:

**Jazz Summit** (non-competitive) – Tuesday, Wednesday, Thursday, Friday

- Designed for all jazz groups
- 30-minute performance slot with on-stage clinic
- Trophies awarded to all groups rated "Outstanding" by adjudicators

**Jazz Heritage** (competitive) – Thursday Only

- Designed for advanced jazz bands (approved repertoire list available at [kansascityjazz.org](http://kansascityjazz.org))
- Judging based on list of criteria including stylistic accuracy and authenticity
- Top-scoring groups awarded a trophy and invitation to perform during awards concert

**Jazz Tyro** (educational) – Tuesday, Wednesday, Thursday, Friday

- Designed for groups with little experience or unconventional instrumentation
- Clinicians comments will be inspirational and focused on building groups' confidence

Please return this form **by March 1, 2017** to reserve a slot. Registrations received after **March 1** will be accepted on a space available basis. The entry fee is **\$200 per group**. Registration is not complete until payment is received. Please make check payable to the **Kansas City Jazz Summit** and return to:

**Jim Mair**  
**Kansas City Jazz Summit**  
**7250 State Avenue**  
**Kansas City, Kansas 66112**

For questions call 913-288-7503 or [kcjazz@kckcc.edu](mailto:kcjazz@kckcc.edu) or [www.kansascityjazz.org](http://www.kansascityjazz.org)