

Jazz Festival

4TH ANNUAL WISCONSIN CONSERVATORY OF MUSIC



THURSDAY & FRIDAY,
MARCH 15 & 16, 2018

Our educational festival for all levels of middle and high school jazz combos and ensembles! Receive valuable feedback from Grammy® Award-winner Brian Lynch and WCM Jazz Institute faculty, participate in workshops and jam sessions, and perform for a chance to play alongside Lynch and We Six in the evening concert.



WORKSHOPS

Topics include Improv, Jazz Styles, Brass, Woodwind & Rhythm Section Clinics, and more!

ADJUDICATED PERFORMANCE & CLINIC

Lynch and members of We Six will work with each participating combo/ensemble

SCHOLARSHIPS & AWARDS

For top performers and ensembles

CONCERT | 6:30 pm

FEATURING *Brian Lynch and We Six*

Joined by outstanding student performers from participating schools



Supported by the Theodore W. Batterman Family Foundation, through the Eric D. Batterman Memorial Grant, and the John & Carolyn Peterson Charitable Foundation, Inc.

REGISTRATION & INFORMATION

414-276-5760 | wcmusic.org

Matthew Bragstad, Education Manager | mbragstad@wcmusic.org

WISCONSIN
CONSERVATORY
OF MUSIC

McIntosh|Goodrich Location | 1584 N. Prospect Avenue | Milwaukee, WI 53202

Jazz Festival



Registration Form

Festival: Thursday, March 15 or Friday, March 16 2018

Registration Deadline: Friday, February 9, 2018

{ **SAVE \$50!** } Register by Friday, January 12, 2018

SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DIRECTOR _____

EMAIL _____

PHONE _____

BIG BAND COMBO Number of Students _____

Ensemble Name _____

BIG BAND COMBO Number of Students _____

Ensemble Name _____

PERFORMANCE PREFERENCES

THU, MAR 15 | 8:30 am - 12:00 pm FRI, MAR 16 | 8:30 am - 12:00 pm

THU, MAR 15 | 12:00-5:00 pm FRI, MAR 16 | 12:00-5:00 pm

REGISTRATION	FEE	# OF ENSEMBLES	SUBTOTAL
BEFORE FRI, JAN 12	\$150 x		=
SAT, JAN 13 - FRI, FEB 9	\$200 x		=
TOTAL			=

PAYMENT

CHECK # _____

CREDIT CARD Visa Mastercard American Express

PLEASE MAKE CHECKS PAYABLE TO
WISCONSIN CONSERVATORY OF MUSIC

CARD NUMBER _____

EXP. DATE _____

CID NUMBER _____

I certify that all of the members of the performing ensemble(s) are currently enrolled as students of the school district I represent. I acknowledge that photography, video, and audio recordings of our performance may be used for promotional purposes by the Wisconsin Conservatory of Music, without fees involved.

DIRECTOR'S SIGNATURE _____

PRINT NAME _____

DATE _____

PRINCIPAL'S SIGNATURE _____

PRINT NAME _____

DATE _____

REGISTER

MAIL 1584 N. Prospect Avenue
Milwaukee, WI 53202

EMAIL mbragstad@wcmusic.org

FAX 414-276-6076

Festival requirements and additional details will be sent upon receipt of payment.

QUESTIONS?

CONTACT

Matthew Bragstad, Education Manager
414-276-5760 | mbragstad@wcmusic.org

OFFICE USE AMOUNT _____

ACTIVENET _____

EXCEL _____

Number of Directors _____

Number of Students _____

Number of Chaperones _____

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