



## JAZZ CLINICIAN PROGRAM - CLINIC APPLICATION

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

Director: \_\_\_\_\_

School: \_\_\_\_\_

Town: \_\_\_\_\_

Phone # : \_\_\_\_\_ Email : \_\_\_\_\_

State the need(s) of your group or program below:

Please email your completed form to Doug Olsen at [daolsen@wpi.edu](mailto:daolsen@wpi.edu)