

Alleghany JAM REGISTRATION

PO Box 1326 • Sparta, NC 28675 • 336-572-5266
info@alleghanyjam.com • www.alleghanyjam.com

Student Name: _____ School: _____

Student age: _____ Grade: _____ Birthdate: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Emergency Contact #1: _____

Relationship: _____

Number best to reach you , please include area code: **CELL** **HOME** **WORK**

Ph# 1: _____ Ph# 2: _____

Email address: _____

Parent/Guardian Emergency Contact #2: _____

Relationship: _____

Number best to reach you , please include area code: **CELL** **HOME** **WORK**

Ph# 1: _____ Ph# 2: _____

Email address: _____

I give AJAM permission to use photos/videos of my child to promote the AJAM program in social or print media. (We will not list your child's name for safety reasons) _____ Yes _____ No Please initial here: _____

Any physical, health issues, or allergies we should know about: _____

Please circle **ONE** choice on **EACH LINE** and please answer each question:

What fee do you qualify for:..... Normal Fee Reduced Fee (see chart on reverse)

Have you been in JAM before?..... Yes No

Do you have your own instrument to play?.. Yes No

1st Instrument Choice: Fiddle Banjo Guitar Mandolin

Level: 1 (Beginning) 2 (Intermediate) 3 (advanced)

2nd Instrument Choice:..... Fiddle Banjo Guitar Mandolin

What Level: 1 (Beginning) 2 (Intermediate) 3 (advanced)

1st Activity Choice: Singing Dance Dulcimer Bass (not available to 1st year students)

2nd Activity Choice:..... Singing Dance Dulcimer Bass (not available to 1st year students)

Parent signature

Date: _____