



2012 Pro Performance / Educational Proposal

CHOOSE ONE: Artist / Clinician / Workshop Performing Group

Artist / Performing Group Name
Contact Person
Complete Address
Contact Tel Fax
Email Website

Sponsor Name (if any)
Sponsor Contact Person Tel
Email Fax

Artist Agency Name (if any)
Agency Contact Person Tel
Email Fax

Category: vocal instrumental industry other

Description as it will appear on the SFJS promo material:

State the goal and educational benefits to the audience:

IMPORTANT NOTE: Anyone directly involved with your presentation must have proper SFJS credentials in order to gain access to the event. Please use separate sheet to list the name of each person that is directly involved in the production of your presentation, as well as artist roster. You are responsible to inform SFJS in advance, of any person(s) with special needs and/or disability that is part of your group and we will do our best to accommodate.

I understand (and all involved have been made aware) that all expenses pertaining to this presentation (including special production equipment, travel, etc) are my/our responsibility and not that of the South Florida Jazz Summit.

PRINT name of authorized signatory Title

Signature Date

The South Florida Jazz Summit is a fundraising event produced annually by the Jazz Museum of Florida, Inc (dba Jazzonian), a 501(c)(3) non-profit organization. All proceeds from this event go to community outreach jazz education programs under the aegis of the Jazz Museum of Florida, Inc.

Please PRINT and submit this form to:

South Florida Jazz Summit
Attn: Bobby Ramirez
PO Box 441942, Miami, FL 33144

For additional information, contact:
Email: info@sfjazzsummit.com

