

# DIRECTOR INFORMATION SHEET

NC Jazz Region Central 2009

**Return this form (email or fax) with the student registration form. Bring all fees with you to registration on Friday, February 13 at Middle Creek HS**

**Email: [andy.carter@orange.k12.nc.us](mailto:andy.carter@orange.k12.nc.us)**

**Fax: 919-644-7699**

Director  
Name \_\_\_\_\_

School \_\_\_\_\_

School  
Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

School Phone \_\_\_\_\_ Band Office Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Pager \_\_\_\_\_

Email  
address \_\_\_\_\_

Home  
Address \_\_\_\_\_

\_\_\_\_\_

## CLINIC LODGING INFORMATION:

Hotel name: \_\_\_\_\_

Hotel phone #: \_\_\_\_\_