



Unlock the doors to your mind



2017 Jazz Music Institute Camp (Free)

Presented by the Vaca Jazz Society in conjunction with the Solano County Library & sponsored by Live Music Center

Camp Introductions for Jr. and H.S. Students

(VCSO)VacaCity Stage Orchestra- Youth Jazz Band
Vacaville High School Band Room from 6:30 to 8:30pm

Address: 100 West Monte Vista Ave, Vacaville CA 95688

Wednesday, August 23rd, 2017

Camp Clinics (Held at Vaca High School)

Wednesdays, August 23rd & 30th from 6:30 to 8:30 pm

Wednesday, September 6th & 13th from 6:30 to 8:30pm

Address: 100 West Monte Vista Ave, Vacaville CA 95688

Camp Clinicians from USAF Band of the Golden West

(Held at Town Sq Library)

Thursday, September 14th, from 6:30 to 8:00 pm

Town Square Library, 1 Town Square Pl, Vacaville CA 95688

Crossroads Jazz Camp Performance -18th Vacaville Jazz Festival

Nut Tree Breezeway, Vacaville , Saturday, September 16th (5pm)

Vaca Jazz Festival Weekend (Sept 15th thru 17th)

Contact Information

Vaca Jazz Society Office

(707) 452-1351

www.VacaJazzSociety.org

Vaca Jazz Society's Youth Jazz Camp Director SMSgt Mike Williams

(707) 803-1633

steinwaym@gmail.com

Vacaville High School Band Room (Camp Classes)
Vacaville Public Library – Town Square (Demonstration Clinic)
Nut Tree – Breezeway (recital performance)
Permission Form (attached) Must Be Completed

Jazz Camp/Clinics/Recital Permission Form

Student First Name: _____ Last Name: _____
(Print) (Print)

This permission form covers all clinic and performance activities.

Each participant's parent/guardian must complete, sign, and return this form before their child can participate in the clinics and performances. Completed forms (Send to VJS P.O.Box # 2093, Vacaville CA 95696) should be delivered to the Education Director before or at the first clinic class introductions, placements on August 23rd, 2017.

I am responsible for arranging transportation for my child to attend clinics and performances.

My child's Age: _____
Address: _____
Medical Insurance Plan: _____
Policy Number: _____
Allergies: _____
Physical Restrictions: _____

No Medical Insurance, print "NONE."
No Allergies print "NONE."
No Physical Restriction, print "NONE."

My child is physically able to participate in clinics and performances without damage to their health.

In case my child becomes ill or is injured you are authorized to have my child treated, and I authorize the medical agency to render treatment.

I have read and understand these instructions.

My emergency contact number is: _____
An alternate emergency number is: _____

Parent/guardian Name: _____
(Print)

Parent/guardian Name: _____
(Signature)

Date: _____