



PHOTOGRAPHY EXCLUSION

I **DO NOT** want my child photographed during the following the Get JazzED event that he/she will be attending.

Parent name: _____

Child's name: _____

Child's School: _____ Grade _____

Band/Choral Director name: _____

Event Title: (check which one)

- _____ GJ Instrumental Day
- _____ GJ Vocal Day
- _____ GJ Clinic Day
- _____ GJ High School Jazz Band Festival
- _____ GJ Jazz Jam

Parent Signature: _____

Date: _____

Complete, sign and return this form to:

Get JazzED
ATTN: Millie Eben, Event Coordinator

Email: info@GetJazzEDBerks.com or mgeben@mac.com
Mail: Berks Arts Council, GJ Event, PO Box 854, Reading PA 19603
FAX: 610-898-1932 (Berks Arts Council)

Questions - Email us at the above email addresses, or call...
Berks Arts Council 610-898-1930
Millie Eben, Event Coordinator 610-334-4635