

WORKSHOP and CONCERT

with

THE ARMEN DONELIAN TRIO

APPLICATION/RESERVATION FORM

Mr. Mrs. Ms.

LAST NAME _____ FIRST NAME _____

MAILING ADDRESS _____ DATE OF BIRTH _____ SEX _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ EMAIL _____

PRIMARY INSTRUMENT _____ SECONDARY INSTRUMENT _____

Saturday, September 26th – 11am-2pm, JAZZ IMPROVISATION WORKSHOP.

Saturday, September 26th – 8pm, ARMEN DONELIAN TRIO CONCERT.

AT

HUDSON OPERA HOUSE, 327 Warren Street, Hudson, NY, (518) 822-1438

CHECK ONE:

WORKSHOP RATE (\$10. Adult/High School student, Free) \$ _____

CONCERT RATE (\$10. Adult/High School student, Free) \$ _____

TOTAL DUE: \$ _____

ABOVE RATES INCLUDE MIDDAY WORKSHOP AND EVENING CONCERT.

CHECK ONE:

FULL PAYMENT ENCLOSED \$ _____

50% DEPOSIT ENCLOSED \$ _____

TOTAL PAID \$ _____

BALANCE DUE (due by September 26th, 2009): \$ _____

(Subtract TOTAL PAID from TOTAL DUE)

PAYMENT:

PAY BY CHECK (Checks Should Be Made Payable in US Dollars to ARMEN DONELIAN.)

Check Amount _____ Date _____ Check # _____

PAY BY CREDIT CARD

Circle One: VISA MASTERCARD

Card # _____ Expiration Date _____

Name On Card _____

Signature _____

Billing Address _____

MAIL THIS COMPLETED FORM WITH PAYMENT TO:

ARMEN DONELIAN

338 KIPP ROAD

HUDSON, NEW YORK 12534

(518) 822-1640

info@armenjazz.com

www.armenjazz.com