



YOUNG IRISH JAZZ MUSICIAN 2024

ENTRY FORM

Attach your photo here

Please fill in this form carefully and return it to us - by email - along with your proof of age and video by Friday October 25th, 2024.

First Name [] Surname Family name []

Instrument [] Date of Birth []

Home Address [] Eircode/Postcode []

Email [] Mobile No. []

Parent/ Guardian Name (under 18 only) [] Parent/ Guardian email (only under 18) []

School/ College/ University Name [] School/ College/ University Location []

Term time address (if different) [] Eircode/Postcode []

Weekend music school/ jazz band or other jazz ensemble []

Interests []

Where did you hear about our event? []

Do you have a disability or health issue, including mental health

No

Yes

If yes please let us know how we can help you in your application

[]

Please fill in the boxes below to let us know what you're playing on your video:

Name of Piece	Composer

I agree to take part in Limerick Jazz Young Musician 2024 and abide by its rules

Yes

I consent to the recording of my contribution subject to the rules, terms and conditions, which I have read

Yes

[]

Your Signature

[]

Parent/ Legal Guardian Signature (under 18 only)