

Seaford – VOCAL JAZZ Registration Form

April 25th & 26th

Hicksville High School

Student Name: _____

Grade in School: _____

School Music Teacher: _____

School: _____

Parent/Guardian Email: _____

Phone #: _____

Voice Type	Level

I have read the NYSSMA information sheet, and I would like to register for the 2025 Vocal Jazz NYSSMA Festival on April 25th and 26th at Hicksville High School.

Student Name _____ Parent/Guardian Signature _____ Date _____

**ALL FORMS AND FEES MUST BE RETURNED NO LATER THAN
FEBRUARY 12th.**

NO CASH – CHECKS MADE PAYABLE TO SEAFORD UFSD.

NYSSMA LEVEL	FEE
Level 1-4	\$20.00
Level 5-6	\$30.00