

Coe College Jazz Summit

REPERTOIRE FORM

Please submit (in triplicate if possible) to host at check-in for duplication and distribution

High School Name _____

Group Name (if different) _____

Director's Name _____

PROGRAM:

Selection 1.

TITLE

COMPOSER/ARRANGER

Soloist Name/Instrument:

Selection 2.

TITLE

COMPOSER/ARRANGER

Soloist Name/Instrument:

Selection 3.

TITLE

COMPOSER/ARRANGER

Soloist Name/Instrument:
