



## **MEDICAL FORM INSTRUCTIONS**

This form, properly completed, **MUST** be postmarked by the following dates, dependent on the participating members organization:

ORCHESTRA - June 2, 2008      CHORUS - June 2, 2008

JAZZ ENSEMBLE - July 2, 2008

Students **NOT** returning this form by the above stated postmark deadline date will be immediately eliminated from their All-State organization.

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**Please print this form and send with original inked signatures.**

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Students will be given the opportunity to "UPDATE" this form during the October rehearsals, should it be necessary.

Failure to complete **ALL PORTIONS** of this form (including signature) will be cause for this form being returned to you with the possibility of the deadline date being missed.

This form, properly completed, can be mailed with the hotel reservation form and payment in the envelope that is provided to:

Kathy Mosher, All-State Registrar  
80 Jumping Brook Drive  
Lakewood, NJ 08701  
kmosher@cjmea.org

### **PLEASE NOTE:**

***This form will be retained by the All-State Housing Coordinator for a period of ONE year after the November, 2008 Concerts. At that time, all forms will be shredded.***