

UGA Saxophone Performance Workshop Application, June 21-26, 2009

TO REGISTER, FILL OUT THIS FORM AND MAIL OR FAX WITH YOUR DEPOSIT TO:

Date of Application ____ / ____ / 2009 Age _____

Gender _____ Grade(if applicable) _____

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ School(if applicable) _____

(w) _____ Email _____

Would you like to receive your workshop information by email? _____

What is your primary saxophone? _____

Workshop Fees

- I'm going to be a day participant - \$395.00
(day participant cost includes lunch and dinner)
- I'm going to stay in the dorms - \$495.00
(dorm participant cost includes dorm and meals)

Dorm participants only:

I would like to room with _____

Total Workshop Fee _____

Methods of Payment:

Cash - in person

Check - in person or by mail

Credit Card - Fax 706-542-2784



Check One:

Enclosed is my \$50.00 deposit, payable to the UGA Saxophone Performance Workshop. **I understand that the deposit is non-refundable and that the entire fee is due by May 29, 2009.**

Enclosed is my entire workshop fee.

I will be paying by credit card. Card Type _____ Exp. Date _____ Amount \$ _____

Name on Card _____ Card Number _____

Parent/Guardian/Participant: I have read and understand the printed announcement of the UGA Saxophone Performance Workshop and approve of this application. I understand that the fee does not include hospitalization, or major medical costs.

Parent/Guardian's/Participant's Signature _____ Date _____