

# Summer Music Camp Application, June 1-6, 2008

TO REGISTER, FILL OUT THIS FORM AND MAIL OR FAX WITH YOUR DEPOSIT TO: **The University of Georgia**

**Summer Music Camp  
School of Music  
250 River Road  
Athens, Georgia 30602  
Phone 706-542-2061  
Fax 706-542-0846**

Date of Application \_\_\_\_ / \_\_\_\_ / 2008 Age \_\_\_\_\_

Gender \_\_\_\_\_ Next Year's Grade \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ School \_\_\_\_\_

(w) \_\_\_\_\_ Email (parent) \_\_\_\_\_

Would you like to receive your camp information by email? \_\_\_\_\_

What is your Instrument or Voice? \_\_\_\_\_

Have you been a member of All-State ensemble? \_\_\_\_\_

What's your T-shirt size?

(Adult Sizes)

Small

Medium

Large

X-Large

XX-Large

## Camp Fees

All Summer Camp Fees include the cost of T-Shirt.

I'm going to be a day student - \$380.00

(day student cost does not include breakfast)

I'm going to stay in the dorms - \$480.00

(dorm student cost includes dorm, breakfast, lunch, & dinner)

Dorm Students only:

I would like to room with \_\_\_\_\_

I would like a one-hour private lesson - \$50.00

I would like two one-hour lessons - \$100.00

Total Camp Fee \_\_\_\_\_

## Methods of Payment:

Cash - in person

Check - in person or by mail

Credit Card - Fax 706-542-0846



## Check One:

Enclosed is my \$50.00 deposit, payable to the UGA Summer Music Camp. **I understand that the deposit is non-refundable and that the entire fee is due by May 21, 2008.**

Enclosed is my entire camp fee.

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

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Scholarship Recipients: I am being awarded a scholarship from \_\_\_\_\_ for \$ \_\_\_\_.

**Scholarships must be received before May 23, 2008.**

Parent or Guardian: I have read and understand the printed announcement of the UGA Summer Music Camp and approve of this application. I understand that the fee does not include hospitalization, or major medical costs.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_