

# Summer Music Camp Application - June 6-10, 2010

TO REGISTER, COMPLETE 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  
 smcamp@uga.edu



**Date of Application** \_\_\_\_\_ / \_\_\_\_\_ 2010 **Age** (as of June 6, 2010) \_\_\_\_\_

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

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

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

**Address** \_\_\_\_\_

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

**School** \_\_\_\_\_ **Email(parent)** \_\_\_\_\_

(Please provide an email address you check regularly. All camp info. will be sent by email.)

**Phone (h)** \_\_\_\_\_ **(w)** \_\_\_\_\_ **(c)** \_\_\_\_\_

**What is your Instrument or Voice Type?** \_\_\_\_\_  
 (Choose ONE instrument or voice type - i.e. Soprano Voice, Alto Saxophone, Viola, etc.)

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

**Camp Fees (Includes cost of T-Shirt.)**

I'm going to be a day student - **\$395.00**  
 (day student cost does not include breakfast)

I'm going to stay in the dorms - **\$495.00**  
 (dorm student cost includes dorm, breakfast, lunch, & dinner)

**Dorm Students only:**

Optional: I would like to room with(choose ONE) \_\_\_\_\_

I would like one hour of private lessons - **\$50.00**

I would like two hours of private lessons- **\$100.00**

**What's your T-shirt size?**

**(Adult Sizes)**

- Small
- Medium
- Large
- X-Large
- XX-Large

**Methods of Payment:**

- Cash - in person
- Check - in person or by mail
- Credit Card - by mail or fax



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

**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 remainder of the entire fee is due by May 28, 2010.

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:** Funding for camp will be sent by \_\_\_\_\_ for \$ \_\_\_\_\_

Scholarships must be received before May 28, 2010.

**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.

\*\*May 24, 2010 is the final date to be eligible for a full refund of fees (excluding the deposit). No refunds will be given after this date.\*\*

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

**Please complete and send the health form and consent form along with this application. These forms can be found on our website: [www.uga.edu/music/summercamp](http://www.uga.edu/music/summercamp)**