

Summer Music Institute Application - June 6 -10, 2010

TO APPLY, please complete and send in this application along with your \$50 deposit, audition cd, and a recommendation letter from your high school ensemble director or private instructor. All materials must be postmarked on or before May 3, 2010 for consideration. Applications postmarked after May 3, 2010 will not be considered. For your recorded audition, choose one lyrical (slow) and one technical (fast) selection that best demonstrates your musical abilities. Rising 10th-12th grade students are eligible to audition for the Institute.

**The University of Georgia
Summer Music Institute
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 Institute 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.)



Institute 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 Institute.

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 Institute 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 Institute 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

You will receive notification of acceptance into the Institute by email on or before May 14, 2010.