

Summer Marching Band Camp Application, June 14-18, 2009

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

Date of Application _____ / _____ / 2009 Age _____

Gender _____

Next Year's Grade _____

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ School _____

(w) _____ Email (working) _____

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

The University of Georgia
 Summer Marching Band Camp
 School of Music
 250 River Road
 Athens, Georgia 30602
 Phone 706-542-2061
 Fax 706-542-0846



In which area of the camp would you like to participate?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Twirling | <input type="checkbox"/> Drum Major |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Marching Percussion--Type: _____ |
| <input type="checkbox"/> Color Guard | <input type="checkbox"/> Band Leadership |
| <input type="checkbox"/> Saber | <input type="checkbox"/> Rifle |

What's your T-shirt size?

(Adult Sizes)

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

Camp Fees

All Summer Marching Band Camp fees include 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, continental breakfast, lunch, & dinner)

Dorm Students only:

I would like to room with _____

I am a sponsor or chaperone - \$295.00

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 Marching Band Camp. **I understand that the deposit is non-refundable and that the remainder of the entire fee is due by June 5, 2009.**

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 June 5, 2009.

Parent or Guardian: I have read and understand the printed announcement of the UGA Summer Marching Band Camp and approve of this application. I understand that the fee does not include hospitalization, or major medical costs. ****June 1st, 2009 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 _____