

MSU PERFORMING ARTS MARCHING BAND AUXILIARY CAMP

2010 APPLICATION FORM

Please check one:

- Camp I (Drum Majors and Color Guard)**
July 12-14, 2010
- Camp II (Drum Majors ONLY)**
July 15-17, 2010

Please print or type. Fill in completely.

DATE

PARTICIPANT'S LAST NAME FIRST M.I.

STREET ADDRESS CITY STATE ZIP

(____)____-____-____
TELEPHONE NUMBER SEX AGE PARTICIPANT'S EMAIL ADDRESS

SCHOOL ATTENDED GRADE, FALL 2010

CAMP TYPE:

- DRUM MAJOR COLOR GUARD (flag/equipment)

CAMPUS HOUSING:

Please reserve residence hall space for me: YES NO

Any student who **does not** intend to live in the residence hall must send a letter signed by a parent/guardian indicating where he/she will live.

PARTICIPANT'S OFF-CAMPUS STREET ADDRESS CITY TELEPHONE NUMBER

COST:

Residents (instruction, housing, meals)	\$225.00
Commuters (instruction, meals)	\$175.00
Commuters (instruction, no meals)	\$125.00

REGISTRATION FEE:

A minimum deposit of \$100.00 toward camp fees of \$225.00 (or a minimum of \$75.00 for commuters), must accompany each application. This includes a \$20.00 processing fee, which is non-refundable. After July 2, 2010, there will be no refunds on any fees except in the event of illness. In the case of a participant's suspension from the program, no fees will be refunded. The balance of fees is due on or before June 18, 2010. If paid after this date, a \$10.00 late fee will be charged. The entire registration fee may be paid with application.

PAYMENT METHOD:

Check in the amount of \$_____ accompanies this application (made payable to: **Michigan State University**)

Credit Card charge for the amount of \$_____

Type: (please circle one) VISA Master Card American Express Discover

Name as appears on card: _____

Card number: _____

Expiration date: _____

Signature: _____

Or call (517) 355-7654 for telephone processing.

EMERGENCY CONTACT INFORMATION:

NAME OF PARTICIPANT

NAME(S) OF PARENT(S) OR GUARDIAN(S)

Contact Numbers:

Number Type (home, work, cell, etc.)

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

NAME OF SECONDARY CONTACT, OTHER THAN PARENT(S) OR GUARDIAN(S), THAT MAY PICK UP/AUTHORIZE TREATMENT FOR APPLICANT

Contact Numbers:

Number Type (home, work, cell, etc.)

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

PARENTAL/GUARDIAN CONSENT:

I _____, as parent/legal guardian of the applicant, acknowledge that all the information contained within this application for MSU Performing Arts Marching Band Auxiliary Camp is correct and true, to the best of my knowledge. I also acknowledge that the applicant, as a participant in the camp, will be required to follow all camp rules and guidelines as outlined in the acceptance information. I further acknowledge responsibility for all unpaid camp fees and any medical/legal costs (as stated in the camp rules and guidelines) that may incur on behalf of this applicant.

SIGNATURE OF LEGAL GUARDIAN

DATE

SCHOOL RECOMMENDATION:

I recommend this applicant for the MSU Performing Arts Marching Band Auxiliary Camp:

SIGNATURE OF SCHOOL MUSIC TEACHER

BUSINESS PHONE

SCHOOL NAME

NOTIFICATION OF ACCEPTANCE:

Notification of acceptance will be made approximately one week following receipt of application.

SEND APPLICATION AND ALL CORRESPONDENCES TO:

MSU Performing Arts Marching Band Auxiliary Camp
116 Music Building
Michigan State University
East Lansing, Michigan 48824-1043
Phone (517) 355-7654

NOTE: Participants should bring all equipment for which they would like instruction.