

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.