

APPLICATION FORM



UNCG SUMMER MUSIC CAMP

Name _____ Male Female

Address _____ City _____

State _____ Zip _____ Email (student) _____ Email (parent) _____

Your age _____ What grade are you in this school year (2008-2009)? _____

Home Phone Number (_____) _____ Parent's Work Phone (_____) _____

Your instrument or voice type (be specific) _____
(Piano camp students must also specify their voice type for chorus participation.)

By this summer, how long will you have played this instrument or sung in choir? _____

Name of Your School _____ City & State _____

★ ★ ★ CAREFULLY CHECK THE WEEK YOU WOULD LIKE TO ATTEND ★ ★ ★
Use the grade you are in now . . . 2008-2009

<p>1st WEEK July 12 (Sunday) - July 17 (Friday) 2009</p>	<p><input type="checkbox"/> SENIOR HIGH BAND (Grades 9-12)</p> <p><input type="checkbox"/> JUNIOR HIGH BAND (Grades 6-8, played 2 or more years)</p> <p><input type="checkbox"/> BEGINNER BAND (Played one year only, Grades 5-9)</p> <p><input type="checkbox"/> JUNIOR ORCHESTRA (Grades 6-8, played 2 or more years) <small>string students only</small></p> <p><input type="checkbox"/> PIANO* (Grades 6-12 and played 2 or more years)</p>
<p>2nd WEEK July 19 (Sunday) - July 24 (Friday) 2009</p>	<p><input type="checkbox"/> SENIOR HIGH BAND (Grades 9-12) <small>if interested in being selected for the SENIOR ORCHESTRA, check box <input type="checkbox"/></small></p> <p><input type="checkbox"/> JUNIOR HIGH BAND (Grades 6-8, played 2 or more years)</p> <p><input type="checkbox"/> BEGINNER BAND (Played one year only, Grades 5-9)</p> <p><input type="checkbox"/> SENIOR ORCHESTRA (Grades 9-12) <small>with full-time winds & percussion</small></p> <p><input type="checkbox"/> JUNIOR ORCHESTRA (Grades 6-8, played 2 or more years) <small>string students only</small></p> <p><input type="checkbox"/> SENIOR MIXED CHORUS (Grades 9-12)</p> <p><input type="checkbox"/> PIANO* (Grades 6-12 and played 2 or more years)</p>

★ ★ ★ CAREFULLY CHECK YOUR CHOICE OF FEE PLANS ★ ★ ★

<p>PLAN 1 COMPLETE PACKAGE 6 days, 5 nights, 16 meals, dorm room, instruction, health fee & recreation</p> <p><input type="checkbox"/> \$405</p>	<p>PLAN 2 DAY CAMP PLUS MEALS For Local Residents Same as Plan 1, but without dorm room (8:30 am - 9:15 pm)</p> <p><input type="checkbox"/> \$315</p>
<p>or <input type="checkbox"/> \$420 with half hour lesson</p>	<p>or <input type="checkbox"/> \$330 with half hour lesson</p>
<p>or <input type="checkbox"/> \$435[†] with hour lesson</p>	<p>or <input type="checkbox"/> \$345[†] with hour lesson</p>
<p>or <input type="checkbox"/> \$435* Piano Camp (includes lessons)</p>	<p>or <input type="checkbox"/> \$345* Piano Camp (includes lessons)</p>

[†] An hour lesson is recommended only for students in grades 8 through 12.

PIANO LESSON - optional
 Any band, chorus, or orchestra student with prior piano experience may also register for a 1 hour private piano lesson (regardless of age).

\$30 piano lesson (add to fee)

Make checks payable to:
UNC Greensboro
 or
 attach a note with Visa or MasterCard info

TOTAL CAMP FEE \$ _____

AMOUNT ENCLOSED \$ _____
(\$45 minimum deposit)

BALANCE DUE \$ _____
(to be paid by June 1, 2009)

(SEE REVERSE SIDE!)

To Apply

1. Complete the **both sides** of the application. Remember, we fill very quickly. **Apply early!**
2. Have your parents sign the approval section below and write a check to **UNC Greensboro** for either the full amount or for \$45 (non-refundable registration deposit). Please read "Refund Information."
3. Address an envelope, with postage, to the camp address listed below.
4. Take the completed application, check, and stamped envelope to your Music Director at school or your Private Teacher who will complete the recommendation and mail it for you or return it to you for mailing. Front & back of application must be complete and **must arrive together** with the deposit.

Parental Approval (print name & sign name)

I encourage my child to participate in UNCG Summer Music Camp. I agree to support all camp rules and regulations. I further agree that Summer Music Camp has permission to use any photographs taken during camp in future advertising. I assume financial responsibility for health care costs including the cost of medication, x-rays, lab work or hospitalization. I understand the refund policy as stated below.

Name of Parent or Guardian (printed) _____

Signature _____ Date _____
(parent or guardian)

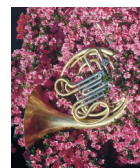


Camp Phone
1-800-999-2869
or 334-5299 (local)

Web Site
www.smcamp.org

Address all correspondence to:

John R. Locke, Director
UNCG Summer Music Camp
P.O. Box 26170
Greensboro, NC 27402-6170



Refund Information

You may cancel your application for Summer Music Camp and receive a refund **less \$45.00** (non-refundable portion of all camp fee plans) **only if the request is made two weeks prior to the opening of that camp. No money will be refunded for any reason after the two week deadline.** Students arriving late for camp or leaving early are not eligible for monetary compensation.

The initial \$45.00 registration deposit (for those who are accepted into the camp) **is not refundable** for any reason. If you are placed on a "Waiting List", your deposit check will be returned.

MUSIC DIRECTOR'S RECOMMENDATION CONFIDENTIAL

TO BE COMPLETED ONLY
BY YOUR SCHOOL
MUSIC DIRECTOR OR
PRIVATE TEACHER

This student is in the _____ grade this school year, 2008-2009. **If student has performed less than 2 years**, give the **date** that this student **began** _____. As compared with other students in the same grade in your program, how would you evaluate his or her **performance ability? (circle one)**

Outstanding
Performer

Above
Average

Average
Performer

Below
Average

Far Below
Average

If there is any reason that this student **should not be allowed** to attend camp, **please explain and do not recommend** him or her for Summer Music Camp at UNCG.

ENDORSEMENT: I certify that the above information is correct, including grade for the current school year, and recommend this student for the UNCG Summer Music Camp.

Signature _____ (Music Teacher) Print Name _____ (Music Teacher)

Check One: School Music Director _____
 Private Music Teacher Phone Number _____ Email Address _____

PLEASE MAIL THIS APPLICATION IMMEDIATELY!