

# REGISTRATION

## Elizabethtown College Music Camp July 13–19, 2014

Registration Deadline: June 25, 2014



### Elizabethtown College

(PLEASE PRINT CLEARLY—USE ALL CAPITAL LETTERS)

Name \_\_\_\_\_ (first) \_\_\_\_\_ (last)

Address \_\_\_\_\_ (street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

(PLEASE ENSURE YOUR EMAIL ADDRESS IS CORRECT)

Home Phone ( ) \_\_\_\_\_ Birth Date \_\_\_\_\_

Grade, as of camp date \_\_\_\_\_ Gender  M  F Age \_\_\_\_\_

School Name \_\_\_\_\_

Type of school:  Public  Private  Parochial  Home Schooled Private Teacher \_\_\_\_\_

Name of requested roommate \_\_\_\_\_ Adult T-Shirt Size: (circle) S M L XL XXL (included in fee)

**Primary Instrument** (circle below) No. of Years Played \_\_\_\_\_

Violin Viola Cello Double Bass Flute Oboe English Horn Clarinet Bassoon

Saxophone Tuba Trumpet Trombone Euphonium Horn Percussion Piano

Voice/Voice part \_\_\_\_\_ Other \_\_\_\_\_

**Parent or Guardian Contact Info** — Applicant normally lives with:  Father  Mother  Both  Other

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

### Camp Fee: \$575

or \$300 deposit by June 25, 2014; balance due at registration  
No refunds after June 25—\$25 nonrefundable prior to June 1

Make check payable to "**Elizabethtown College**"

Mail to: Elizabethtown College Music Camp  
c/o Grant W. Moore, Director  
One Alpha Drive, Elizabethtown, PA 17022-2298

Phone: 717-361-1114 • Email: mooreg@etown.edu • Fax: 717-361-1187

Credit Card Information:  Visa  MasterCard  Discover

Please include all required information to ensure successful processing.

Cardholder Name \_\_\_\_\_

Address \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Security Code \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Total Amount Enclosed \$** \_\_\_\_\_

I agree to abide by the rules of the Elizabethtown College Music Camp and supply necessary forms as requested. I understand that no deductions or refunds will be made for late arrival, early departure or expulsion for disciplinary reasons.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are receiving a scholarship, amount of scholarship: \_\_\_\_\_

Organization providing your scholarship: \_\_\_\_\_