

Office use only:

Scholarship: Yes No

All-State \$ _____

School/Group \$ _____

Teacher \$ _____

Other _____ \$ _____



2011 Band Camp Application

Camp Dates: June 19-25, 2011

Application deadline: June 10, 2011

Office use only:

Commuter Resident

Payment received Date: _____

Check # _____

Mastercard

Visa

Name of person making payment _____

Name: _____ Age: _____ Gender: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Names: _____ Phone: _____

E-mail: _____ Instrument: _____ Yrs. of Private Study: _____

School: _____ Other Instruments Played: _____ Grade Next Fall: _____

Band Director's name: _____ T-Shirt Size (Circle size please): S M L XL XXL

Please check the applicable box(es):

Commuter Camper:
(Includes Tuition, Camp T-Shirt and Photo)

\$200.00

Commuter Campers On-campus meal plan (Optional)

\$40.00 Lunch only – Monday through Friday

\$84.00 Lunch and Dinner – Monday through Friday

Resident Camper:
(Includes Tuition, Camp T-Shirt, Photo and Room & Board)

\$400.00

Private Instrumental Lesson (Optional)

\$15.00 for ½ hr. private lesson to be paid directly to instructor

Scholarships – MARK ONE ONLY if eligible (verified by UM)

\$25 off – 2010/2011 All-City JH/MS Groups

\$50 off – 2008,09,10,11 All-State Band or Orchestra

\$100 off – 2009,2011 All-Northwest Band or Orchestra

Payment Information:

Method of payment:

check (**payable to The University of Montana**) # _____

Master Card Visa

Credit Card # _____

Exp. Date _____

Signature _____

Please provide a contact number if we have a question regarding your charge account. _____

For refund purposes, Social Security Number of person paying fee: _____

Room and Board is available on the UM campus. Rooms are in dormitories with supervision by University and Camp personnel; meals are served by the University Food Service. If you have a roommate preference, please indicate name _____

Student Agreement: If this application is accepted, I agree to abide by ALL rules and regulations established by UM Summer Music Camp. I understand this agreement to be legally binding and accept full responsibility for my actions while a member of the camp.
Signature of Applicant: _____ Date: _____

Parent/Guardian Agreement: I understand that failure to comply with the rules and regulations of UM Summer Music Camp on the part of my son/daughter/ward will result in a phone call requesting that I pick up my child and forfeit all monies paid.
Parent/Guardian Signature: _____ Date: _____

Medical Information:

The University of Montana does not provide medical insurance or other medical facilities or services for the participants in the UM Summer Band Camp. To assure that medical treatment may be made available to participants in a timely manner, should the need arise, the University requests that the treatment authorization below be signed by the appropriate parent or guardian.

Treatment Authorization Statement

I hereby authorize any licensed medical doctor of the Missoula medical community to administer to my (circle one) son/daughter/ward, any appropriate medical treatment services which may be necessary to assure physical health and well-being during the period of his/her stay at The University of Montana during UM Summer Band Camp. It is fully understood and agreed that I shall be responsible for payment of any expenses incurred for medical attention and The University of Montana or doctor shall make a sincere effort to contact me to obtain verbal authorization prior to relying on this written authorization.

Parent/Guardian Signature: _____ Date: _____

Please describe any unique medical problems, allergies, or dietary restrictions of which the camp faculty/counselors should be aware. _____