

2009 SFA Strings Camp Application

Name _____ Grade next year _____

Instrument _____ Email _____

Address _____
address city state zip

Present school _____ Grade next year _____

Phone numbers _____
home cell

Roommate preference _____ T-shirt size (adult size) S M L XL

Scholarships: [] All-State Orchestra - \$75 [] All-Region Orchestra - \$75

These scholarships are non-refundable and do not apply to other summer music programs at SFASU. Your director's signature certifies your participation in either or both ensembles.

 Orchestra Director's signature

<p>Chamber Music Camp** July 5-10, 2009</p> <p>[] Full Camp..... \$325 [] Commuter with meals \$275 [] Commuter w/o meals \$205</p>	<p>Orchestra Camp July 12-17, 2009</p> <p>[] Full Camp..... \$395 [] Commuter with meals..... \$355 [] Commuter w/o meals \$275</p>
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All payments are due by July 1, 2009

All payments should be made by check or money order. Make checks payable to SFA Strings Camp.
 Note: If your check or money order pays for more than one student, please include itemized list on separate page

REFUNDS

\$25 fee on refunds given prior to July 1, 2009
 \$50 fee on refunds given after July 1, 2009

*If you are attending both camps, you may double any All-Region/All-State scholarships.

**All chamber music applications must include an audio or video recorded audition. The samples should include an excerpt of fast playing and one slower passage.

Camp Fee	\$ _____
Private Lessons (\$15 per 30 minute lesson - 2 maximum)	\$ _____
Applicable scholarships*	\$ _____
Applicable early discounts	\$ _____
TOTAL	\$ _____

Credit card payments

 Name on card

 Card number

 Total Expiration date

 Signature

Card type
 MC VISA DISCOVER AMEX

Medical Release Form

I give permission for my child (named in this application) to be treated by the Stephen F. Austin State University physicians and further authorize treatment at Nacogdoches Memorial Hospital or Nacogdoches Medical Center in the event my child needs attention the university physicians are unable to provide while in attendance at SFA strings camp.

Does your child have allergies to medications or food?

Does your child have a chronic illness of disability?

Does your child require any special treatment of medication?

If your child does have insurance, please give the company name and policy number:

Company Name _____

Policy Number _____

Do you give permission for the staff at the camp to administer over-the-counter medications (i.e. headache tablet, upset stomach formula) in the event your child requires such medication?

YES

NO

If your child requires specialized care or treatment, written permission from a family physician must accompany your child so we may ensure care. SFA Strings Camp is not responsible for payment or treatment.

Signature of Parent/Guardian

MAKE A COPY FOR YOUR RECORDS AND MAIL APPLICATION
MEDICAL RELEASE FORM AND PAYMENT TO:

**SUMMER STRINGS CAMPS
PO BOX 13043, SFA STATION
NACOGDOCHES, TX 75962**

For more information:
Gene H. Moon, Camp Director
(936) 468-3885
moongh@sfasu.edu