| Need help with this form? Call 2082654444 Seats are limited! | | REGISTRATION FORM | | | | MUSICCONSERVATORY | |
|---|--|--|---|--|-----------------------|--|--|
| | | Session 1: July 15- | 26 Sessi | Session 2: August 5-August 16 | | | |
| Student Name _ | | | | | Date | of Birth// | |
| Student Health/ | (last) Robavior Conc | oroc. | (first) | Student Allergies | | | |
| | | | | - | | | |
| | | | | • | | | |
| | | | | StateZip Code | | | |
| | | | | People Okay to Pick Up Child | | | |
| Emergency Cont | act | | PhoneRelation | | | to Student | |
| Session ' | 1: Julv 1 | Note - Music Theor 5-26 (Please choos | - | | naior. or | both) | |
| 9:00-11:45 | Pi | iano Major up; 2 years experience) | | ussion Major | | Voodwind Major years & up; 1 year experience) | |
| 11:45-12:15 | Lunch | | | | | | |
| 42:45 2:00 | 🗆 Ha | arp Major | | Musical Theater Major | | | |
| 12:15-3:00 | (years & u | | (8 years & up; no experience required) | | | | |
| | | Performanc | <mark>e Date: Friday</mark> | <mark>July 26 / Times TBA</mark> | | | |
| Session 2 | 2: Augus | st 5-16 (Please cho | oose 1 mornir | ng major, 1 afternoor | n major, | or both) | |
| 9:00-11:45 | 5 Choir Major I Youth Orchestra Major: | | | | | | |
| 9.00-11.45 | (8 y | ears & up; no experience req | uired) |) (9 years & older; 1 year experience) (Instrument) | | | |
| 11:45-12:15 | Lunch | | | | | | |
| 12:15-3:00 | Instrument Art Factor (8 years & up; no experience) | | | Advanced Orchestra:(I | | | |
| | <u> </u> | Performance Dates: Frid | <mark>ay, August 16 (</mark> | <mark>& Sunday, August 18</mark> / 1 | <u> Fimes TB</u> | A | |
| Cost: | | | | | | | |
| 1 Major (Half day in any session) | | 2 Majors (2 majors any session) | | 3 Majors (1 full session + ¹ / ₂ day) | | 4 Majors (Full day in 2 sessions) | |
| \$195 | | \$275.00 | | \$375.00 | | \$450.00 | |
| Oddysey f | funds can be a Arts Access ox if you give | pplied for families who h Scholarships are availab e your child permission t | have already qu le to qualifying to sign him or h | alified through the Idah families! Call the office nerself out at the <u>END</u> | o Empor for the fo | | |
| | | after CAREFULLY rea | | | | (mitial) | |
| I agree to call and inform the office if my child will be absent for any reason. I will send my child with a lunch and water bottle each day and understand that snacks will also be provided. | | | | | | | |
| | | will attend the perform | | | | • | |
| I give ph | otography/vi | deo release of my child | during Summe | er Academy to be used | for MC | 5 marketing & grant writing. | |
| I am the | parent/guard | lian of | | and I understa | nd that r | ny child will possibly leave | |
| | | andpoint campus for lu idpoint City Beach or Fa | | | | MCS personnel to | |
| | | ccur on or off the MCS | | | isonner | Harmess for any | |
| Parent | Signature | : | | Today's Date: | | | |
| Tu | irn this form in | n to the MCS office or em | ail it as an atta | chment to <u>registrar@s</u> | andpoint | conservatory.org. | |
| Payment required to finalize registration. | | | | | | | |
| MCS office use only: Entered in ASAP Initials: Date: Paid by: | | | | | | | |
| ACCREDITING COMMISSIC | FOR SCHOOLS | More information at <u>ww</u> | | | | MUSICMATTERS | |
| | | <u></u> | | of can 200 | 54444 | | |