

2005 Southeast Summer Music Camps BAND/ORCHESTRA APPLICATION

(Please indicate whether band or orchestra in the area indicated in the middle of the page)

For Ofc Use Only

Week# _____

ID# _____

Check# _____

Date of Dep _____

Student's Name _____

Home Address _____

City/St/Zip _____

Parent(s) Name(s) _____

Parent(s) SSN(s) _____ SSN is obtained for the sole purpose of issuing any possible refund.

Accounting Dept does not issue checks w/o SSN.

Home Phone _____ Alternate Phone _____ Cellular or Pager _____

Student's Age _____ Date of Birth _____ Male or Female _____ Grade _____
(This School Year)

Primary Instrument (to be played at camp) _____

Instrument Make _____ Model _____ Serial Number _____

School _____ Band/Orchestra Director _____

If you have a roommate preference, please provide the individual's name here: _____. You will be assigned the roommate that **you** indicate above, so it is not necessary to call and double-check. However, should your roommate preference change prior to the start of camp, please notify us then.

.....
Please Indicate Below the Week Student Will be Attending Camp

_____ Elementary Band – **Week 1** – July 12th through 16th – for students in Grades 5 and 6 this PAST school year, or those students who have had no more than one year's ensemble experience.

_____ Junior Band – **Week 1** – July 12th through 16th – for students in Grades 7 and 8 this PAST school year, or those students who have had no less than two year's ensemble experience.

_____ Junior Band – **Week 2** – July 19th through 23rd – for students in Grades 7 and 8 this PAST school year, or those students who have had no less than two year's ensemble experience.

_____ Junior Orchestra – **Week 2** – July 19th through 23rd – for students in Grades 7 and 8 this PAST school year, or those students who have had no less than two year's ensemble experience.

_____ Senior Band – **Week 2** – July 19th through 23rd – for students in Grades 9 through 12 who have had significant experience with ensemble playing, OR – junior high students recommended for a senior band position by their band director. **NOTE: Auditions are held for chair placement in this band, and we will send you the practice music upon processing your application.**

_____ Senior Orchestra -- **Week 2** – July 19th through 23rd – for students in Grades 9 through 12 who have had significant experience with ensemble playing, OR – junior high students recommended for a senior band position by their band director. **NOTE: Auditions are held for chair placement in this band, and the directors will request that you play major scales and a short solo of your choice.**

.....

TO APPLY: Carefully complete this application and return it to your band/orchestra director with a check made payable to Southeast Summer Music Camps in the amount of **\$350**. Your band director will then complete the following recommendation and forward your application to us. ***This student is in the _____ grade this school year (2004-05) and has had _____ year's ensemble experience. As compared with my other students at or near the same age and experience level, I would evaluate this student as: _____ exceptional _____ above average _____ average _____ below average. I would recommend this student for participation in _____ elementary band _____ junior band/orchestra _____ senior band/orchestra. Director Signature: _____

If you receive your application after the school year has ended, it is not necessary to obtain your band director's recommendation. We do, however, strongly recommend that you have had at least one year's experience.

PLEASE make every attempt possible to have your application and enrollment check for \$350 (made payable to Southeast Summer Music Camps) mailed in EARLY so that you will receive your I.D. card and all detailed instructions at least ONE WEEK prior to the start of the camp you are attending. Your I.D. card is about the size of a business card and functions as your receipt, as well as your admission to camps during check in. Please be sure you have it with you upon arriving. All of this greatly reduces the time and confusion at check in and allows you better preparation time.

REFUND INFORMATION: It is possible to withdraw your application and receive a refund if the request is made and postmarked at least 5 days prior to the first day of the camp for which you are enrolled. After the 5-day deadline, only 50% of the enrollment fee will be refunded. Once the camp has started, no money will be refunded for any portion of that week. When requesting a refund, please do so in writing, and be sure to return the camp I.D. card. A \$25 processing fee is deducted from all refunds and is done *during* processing. Therefore, it is *not* necessary for you to include the fee with the refund request. Again: NO REFUND CHECK WILL BE ISSUED WITHOUT THE SOCIAL SECURITY NUMBER OF THE PERSON TO WHOM THE CHECK WILL BE WRITTEN – AND THE REQUEST FOR A REFUND MUST BE MADE IN WRITING.

PERMISSION FOR MEDICAL TREATMENT: I/We, _____, as parents of _____, give permission to any physician, medical doctor, nurse, or other medical personnel for treatment of injury or illness at the request of any member of the Southeast Summer Music Camp Staff or other Southeast Missouri State University employee during participation at Music Camp.

Signature _____ Date _____

Medical Insurance Company _____ Policy# _____

Name of family physician and phone number _____

List any particular medical problems, allergies, regular medications, dosages, and so forth: _____

REGULATIONS FOR STUDENTS: From the first Tuesday morning meeting until the time parents pick you up, you will be under the supervision and guidance of the Music Camps Staff. All students are required to attend scheduled activities and rehearsals, and will be subject to discipline for acts committed on or off University Property. Disruptive behavior will not be tolerated and could result in dismissal from camp. Students are not allowed to drive or ride in any motor vehicle while attending camp, and students who drive to camp must turn in their keys at registration. Students are not allowed to leave the Southeast Missouri State University campus for any reason other than planned chaperoned activities with the staff. Southeast Summer Music Camps accepts no responsibility for student behavior, and in keeping with University policy, students are not to possess or consume alcohol, tobacco, or any controlled substances. No type of weapons, *toy or otherwise*, are allowed, and anything of this type will be confiscated and turned over to University Police.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

WHEN APPLICATION IS COMPLETED FILLED OUT, MAIL APPLICATION PLUS CHECK (\$350) TO:

Southeast Summer Music Camps
One University Plaza, MS 7800
108 Brandt Music Hall
Cape Girardeau MO 63701

Questions? Call Tracie Clark (573) 651-2335 or email tclark@semo.edu

OR

Barry Bernhardt (573) 651-2334 or email bbernhardt@semo.edu