ROCK CAMP APPLICATION FORM
July 9 - 13, 2012

Requirements: To participate in this nonresidential day camp, students must have experience on bass, guitar, keyboard, drums or vocals. If camper has little experience or plays a different instrument, please call the CMS office. Please print or type.

Date: ___________________________ Instrument: ___________________________ Birthdate: ___________________________ Age: ___________________________

Name: __________________________________________________________________________________ Sex:    M   F    Grade:_____________(Fall 2012)

Last    First    Middle

______________________________________________________________________________________________________________________

Street Address       City     Zip

______________________________________________________________________________________________________________________

School Attending Fall 2012

______________________________________________________________________________________________________________________

Parent’s Name       Telephone number       E-mail

Session you prefer to attend: ☐ Morning Session (9 a.m.- 1 p.m.) ☐ Afternoon Session ( 2 p.m. - 6 p.m.)

Camp Fee: $220.00

T-shirt: (included in camp fee) $ ___________

ADULT size: S M L XL (circle)

We cannot exchange sizes at a later date.

Extra Concert DVD(s): (One included) $15.00 per DVD $ ___________

TOTAL CAMP FEES (checks or credit cards accepted): $ ___________

Deposit: A nonrefundable deposit of $20.00 must accompany this application. (Deposit will be used toward camp tuition.)

After June 22, 2012, there will be no refunds except in the event of illness. If your application is declined due to instrumentation limitations, you will receive a full refund.

Deadline: Application and payment deadline for camp is June 22, 2012. Students may not be allowed to attend camp if full payment has not been received by this deadline.

How did you hear about us? ________________________________________________________________________________________________

Refer a friend: If campers refer a friend who did not attend camp last year and the friend registers, the camper who made the referral will receive a $25 CMS gift certificate.

If you were referred to camp by a friend, write the name of the camper who referred you here: ______________________________________________________

Emergency Information: Registration is not complete until the Authorization for Purposes of Medical Treatment form is signed and the information below is provided indicating the telephone number and parent or guardian who may be reached in case of emergency.

Name __________________________________________ Telephone (home or cell) __________________________ (work) __________________________

A check in the amount of ___________ accompanies this application. Make checks payable to Michigan State University.

____________________________________________________________________________  ______________________________________________________________________

Credit card number  Expiration date

______________________________  __________________________

Card holder’s name (please print)  Amount approved to charge

______________________________  __________________________

Card holder’s signature

SEND APPLICATION TO: Rock Camp; Community Music School; 841 Timberlane Suite B, East Lansing, MI 48823
Phone: (517) 355-7661

THIS FORM MAY BE DUPLICATED