BEGINNING STRINGS CAMP
APPLICATION FORM
AUGUST 1 - 12, 2011

Requirements: To participate in this nonresidential day camp, students must be between the ages of 6-10 years old. Please print or type.

Date:____________________ Instrument Preference:______________________________ Birthdate:__________________ Age:_________

Name: ________________________________________________________________ Sex: M F Grade: ____________________
Last First Middle

School Attending Fall 2011 Height of Camper

Parent's Name Telephone number E-mail

☐ I wish to be a volunteer! (If checked, please complete the reverse side of this application form.)

Camp Fee: $150.00

TOTAL CAMP FEES (checks or credit cards accepted):

☐ My child has an instrument he/she can use during camp. It is an appropriately sized: ☐ violin ☐ viola ☐ cello

☐ My child will need to borrow an instrument during camp. (We will do our best to place students who are borrowing instruments on their instrument of choice, but cannot guarantee a specific instrument.)

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

After July 15, 2011, there will be no refunds except in the event of illness. If your application is declined due to spacing limitations, you will receive a full refund.

Deadline: Application and payment deadline for camp is July 15, 2011. Students may not be allowed to attend camp if full payment has not been received by this deadline.

Refer a friend: If campers refer a friend who did not attend CMS 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)

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

Credit card number Card holder’s name (please print)

Expiration date Card holder’s signature

Amount approved to charge

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

THIS FORM MAY BE DUPLICATED

(OVER)
Strings Camp Parent Volunteer Information Form

Name:_________________________________________________________________

Phone number:___________________________________________________________

(daytime)              (evening)

Please circle the days and times that you are available to volunteer:

1. **Snack**

   - Monday (8/1) 10-11 a.m.
   - Tuesday (8/2) 10-11 a.m.
   - Wednesday (8/3) 10-11 a.m.
   - Thursday (8/4) 10-11 a.m.
   - Friday (8/5) 10-11 a.m.
   - Monday (8/8) 10-11 a.m.
   - Tuesday (8/9) 10-11 a.m.
   - Wednesday (8/10) 10-11 a.m.
   - Thursday (8/11) 10-11 a.m.
   - Friday (8/12) 10-11 a.m.

**Snack:** Volunteers will help camp staff in supervising campers during the snack period.

Thank you for your willingness to volunteer during your child’s camp experience. A camp staff member will contact you in July to confirm your assignment(s).