**ROCK CAMP APPLICATION FORM**

**June 20-24, 2016**

**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 2016)

Last    First    Middle

Street Address       City    State   Zip

______________________________________________________________________________________________________________________

School Attending Fall 2016

Parent’s/Guardian’s Name

Telephone number    E-mail

**Campers will be placed into bands based on their audition video.**

**Camp Fee:** $220.00

T-shirt: (included in camp fee) YOUTH size: S (6-8)  M (10-12)  L (14-16)  (circle)

ADULT size: S    M    L    XL (circle)

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 3, 2016, 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 3, 2016. 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)

Card holder’s signature

_______________ Amount approved to charge

SEND APPLICATION TO: Rock Camp; Community Music School; 4930 S. Hagadorn Rd., East Lansing, MI 48823

Phone: (517) 355-7661

**THIS FORM MAY BE DUPLICATED**