

# JAZZ JAM SUMMER MUSIC CAMP APPLICATION

Week 1 - July 9-12:       Beg       Int - I       Int - II  
Week 2 - July 15-19:       Adv

Student name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #s. Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail for camp correspondence: \_\_\_\_\_

Instrument(s): \_\_\_\_\_

Years of music study: \_\_\_\_\_ School: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Awards & Associations: \_\_\_\_\_

Personal statement by applicant: \_\_\_\_\_

(Tell us about yourself: Musical interests, influences, etc., use back side if needed.)

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Parent Names: \_\_\_\_\_

Available to transport campers to Alpine pool at 2:30:

M       T       W       Th       F

Or other: \_\_\_\_\_

For Admin use only.

Financial Aid requested:  Yes  No Amount \_\_\_\_\_

Payment: Deposit amount: \_\_\_\_\_ Balance due: \_\_\_\_\_

Paid in full