

JAM N JAZZ SUMMER MUSIC CAMP APPLICATION

Week 1 - July 9-13: Beg Int - I Int - II
Week 2 - July 16-20: 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.)

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