

CAMP USE ONLY

Ck# _____ D/R _____ Amount _____ Reg # _____

No application is completed without payment of \$155.00 in full. There will be no refunds after June 22nd. A \$10.00 charge will be required for registration received after June 8, 2007. Your canceled check is proof of registration.

-Please Print -

Camper's Name _____ Age at Camp _____
Address _____ City _____ State _____
What school do you *now* attend? _____ What grade are you **now** in? _____
Parent/Guardian available during the day Name: _____
Phone Numbers: Home _____ Office _____ Other _____

This application has my approval and consent

(Signature of Parent/Guardian) _____

Send Check and this completed form payable to: Franklin Band Boosters
Franklin Middle School Band Boosters
3300 Lee's Corner Road
Chantilly, VA 20151

Have you ever attended the camp Yes _____ No _____ (Year _____)

-Please answer all the following questions-

- Instrument _____ Years _____
- Played _____
- Band students: Circle the scales you know: F Bb Eb Ab G D A E
- Band students: Do you know the Chromatic scale? YES _____ NO _____
- What band or orchestra are you in this (05-06) school year?

- What level music method books have you completed _____
- Do you study privately? YES _____ NO _____ If Yes, who is your private instructor? _____
- Please check if your director has requested an instrument change
- Camp Instructors will notify students the first day of class as to what items/books may be needed

9 AM to 1 PM Monday – Friday Fees for June 25 – July 20

Please circle T-Shirt Adult Sizes: Sm Med Lg XL

Please check ONE of the following programs:

Beginning Program is for students with no previous band or string instrumental experience

- o Beginning Band Program.....\$155.00 \$10.00 after June 8th
- o Beginning Orchestra Program.....\$155.00 \$10.00 after June 8th

Cadet Program is for students with at least one year of band or orchestra experience

- o Cadet Band Program.....\$155.00 \$10.00 after June 8th
- o Cadet Orchestra Program.....\$155.00 \$10.00 after June 8th

Concert Program is for students with at least two years of band or orchestra experience

- o Concert Band Program.....\$155.00 \$10.00 after June 8th
- o Concert Orchestra Program.....\$155.00 \$10.00 after June 8th

Symphonic Program is for students with at least three years of band or orchestra experience

- o Symphonic Band Program.....\$155.00 \$10.00 after June 8th
- o Symphonic Orchestra Program.....\$155.00 \$10.00 after June 8th

For further information and assistance in the selection of an instrument suitable for the beginning student, please call one of the camp directors: Lawrence Walker, Director (Band) 703-904-5145 or Cindy Crumb, Assistant Director (Orchestra) 703-219-2236 **After June 22nd, call 703- 904-5145**

- Please check if you want to have your name, address and phone number on a list for other campers desiring to form car pools. A list will be sent to you by sending a stamped self-addressed envelope (marked "Car Pool") to the address above. Campers registering after June 9th will not be included on the list. The camp cannot provide transportation.

Please send a snack. Snacks are also available for purchase at the Franklin Snack Shop.

Parents/Guardians Please Complete the Following Information:
PERMISSION FOR EMERGENCY CARE

Name of Pupil: Last _____ First _____ MI _____ Date of Birth _____

Name of Parent/Guardian _____

Telephone: Home _____ Business (Mother) _____
 (Father) _____

Emergency Contact (other than parent) _____

Telephone _____

Parent/Guardian insurance _____

Company and Policy No. _____

Name of Family Physician _____ Telephone _____

Allergic to Medication (Specify Type) _____

Camp Personnel will not dispense medication.

Is the pupil under physician's care for health needs on a continuing basis? YES NO

Is the pupil under medication or treatment on a continuing basis? YES NO

Franklin Summer Band & Strings Camp has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Signature of Parent _____ Date _____