

CAMP USE ONLY			
Ck# _____	D/R _____	Amount _____	Reg # _____

No application is completed without payment of \$160.00 in full. There will be no refunds after June 2nd. A \$10.00 charge will be required for registration received after June 2, 2008. Your canceled check is proof of registration.

**Orchestra Camp: 8:30am – 12:30pm**                      **Band Camp: 9:00am – 1:00pm**

-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 o**
- **Camp Instructors will notify students the first day of class as to what items/books may be needed**

### Fees for June 23 – July 18

**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.....\$160.00 \$10.00 after June 2nd
- o Beginning Orchestra Program.....\$160.00 \$10.00 after June 2nd

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

- o Cadet Band Program.....\$160.00 \$10.00 after June 2nd
- o Cadet Orchestra Program.....\$160.00 \$10.00 after June 2nd

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

- o Concert Band Program.....\$160.00 \$10.00 after June 2nd
- o Concert Orchestra Program.....\$160.00 \$10.00 after June 2nd

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

- o Symphonic Band Program.....\$160.00 \$10.00 after June 2nd
- o Symphonic Orchestra Program.....\$160.00 \$10.00 after June 2nd

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 20th, 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 6<sup>th</sup> 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 \_\_\_\_\_ Work (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 \_\_\_\_\_