



SYMPHONIC BAND CAMP

35 Wilder Street, Durgin Hall Suite 3, Lowell, MA 01854
Deb Huber, Director (978) 934-4133

PAYMENT FORM – Enrollment Closes on June 25, 2014

Parent Name (Print Clearly) _____ for student _____

Enrollment Costs:

\$85.00	Registration Fee (non-refundable)
<u>\$490.00</u>	Camp Tuition (\$65 Housing Fee & all meals included)
\$575.00	TOTAL COST

Check#	Amount	Date

Please make Check or Money Order payable to: *UMass Lowell*

Credit Card Type: _____ MC _____ Visa _____ or Check Amount: _____ Check # _____

Credit Card Number# _____ Expiration Date: _____

Card Holder's Signature: _____ 3 digit Security Code: _____

Please be advised that due to restrictions with vendors, refunds cannot be issued after June 25.

In order to reserve an opening for a student OR to be considered for a scholarship, this form and *Medical Form* must be signed and accompanied by the non-refundable registration fee of \$85.00.

Scholarship Information and Requirements

1. Submit a recording on CD or Cassette postmarked by May 10, 2014 of a solo piece that is at the district level. Submissions that are not solo pieces will not be considered for scholarship. (Please check your Jr. District, Sr. District or All-State audition pieces for examples.)
Two excerpts (3-5 minutes total) – fast to demonstrate technical skill & slow demonstrating tone quality & expression
2. The recording must be clearly marked with: First and Last name, Instrument and Title of piece
3. Duplicate paper copy of the piece performed – Do not send originals as they will not be returned.
4. **Application (completed in full) and registration fee MUST accompany recording for recording to be considered.**

We appreciate your interest in your child's performance, and know that many of you will be recording this event. Please use these recordings only for your own entertainment in your own home. To maintain the integrity of the camp program we ask that you allow us to control the photos, videos and recordings that are released to the public. We select such media with the intention of preserving your child's safety and adhering to copyright standards. We appreciate your consideration of this request.

I certify that I understand that the UMass Lowell Symphonic Band Camp program has my permission to use any and all audio and video recordings of me for the purpose of publicity, promotion or education.

I agree to comply with the behavioral standards of UMass Lowell / UMass Lowell Symphonic Band Camp, and respect the underlying assumptions and principals upon which they are based. The Camp Director & Assistant Directors reserve the right to dismiss a student from the program, without the possibility of a refund, for failure to comply with rules and guidelines provided to them by the camp staff throughout the week. Parents will be contacted and are expected to pick up their child at any time in which it is deemed necessary for the student to be removed.

Signature of Student: _____ Date: _____

Signature of Parent / Guardian: _____ Date: _____

Will you attend UMASS LOWELL in the fall of 2014? _____ If yes, With a Major in _____

REMINDER: MEDICAL FORM, REGISTRATION FORM AND ENROLLMENT FEE MUST ALL BE SUMMITTED IN ORDER TO HOLD A SPOT FOR THE STUDENT IN THE CAMP (No Audition Required)

PAYMENT IN FULL DUE BY June 25, 2014