

Application (Please type or print in ink.) University of Arkansas - Monticello Band Camp 2010

Name _____ Age _____
Mailing Address _____
City _____ State _____ Zip _____
Name of School (May 2010) _____
Name of School (Sept. 2010) _____
Grade (Sept. 2010) _____ Sex Male Female Race _____
(if applicable)
Date of Birth _____ Phone () _____
Parents Name(s) _____ Business Phone _____
Instrument You Play _____ Brand _____ Serial Number _____
Choice of Roommate (if any) _____ Roommates School _____

Payment and Deadline

I Plan to Attend:

On Campus (\$225)

Beginner

Middle School

High School

Off Campus (\$140)

June 13-18

June 13-18

June 20-25

If you plan to attend the band camp we must receive your application and payment by May 31, 2010. **No refunds after June 1st.** For students planning to stay on campus, applications will be accepted until the above deadline or until the dorms have been filled. So, the earlier you apply the better.

Full payment must accompany this application.

Make check payable to: UAM Band Camp.

In case of Emergency

I, _____, parent/guardian of _____, recognizing and being fully aware of the potential dangers involved, authorize band camp staff to transport my child to a physician or emergency room if necessary for medical care and I specifically release the staff member from any liability whatsoever except for acts of gross negligence. Signature _____ Date _____

In case of any medical emergencies it is a requirement to send an insurance card with your child to band camp.

Emergency Telephone Numbers: _____

Family Physician _____ Phone _____

Any medical problems or conditions? _____

Please list any allergies you may have (if none please write "none" in the blank) _____

Current Medications _____

Tetanus/Diphtheria _____

Mail Your Application and Payment To:

Cashier Office - Band Camp
P.O. Box 3597
Monticello, AR 71656

Questions: johnwebb@earthlink.net
webb@uamont.edu