



THE UNIVERSITY OF MONTANA PIANO CAMP – SUMMER 2009

APPLICATION POSTMARK DEADLINE: Monday, June 8, 2009

Department of Music 32 Campus Drive Missoula, MT 59812
406-243-6880 email: griz.music@umontana.edu

Website info and online applications available at <http://www.sfa.umt.edu/summer/pianocamp>

STUDENT INFORMATION

NAME: _____ AGE: _____ GENDER: M ___ F ___
(please print)

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: () _____ E-MAIL: _____

PARENT/GUARDIAN(s): _____ CONTACT NUMBER: () _____

YEARS OF PIANO STUDY _____ CURRENT PIANO TEACHER _____

TEACHER ADDRESS : _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: () _____ E-MAIL: _____

AUDITION REQUIREMENTS AND SCHOLARSHIP APPLICATION

ALL APPLICANTS MUST SUBMIT A TAPE OR CD WITH TWO CONTRASTING PIECES. PLEASE LIST SEVERAL PIECES THAT YOU HAVE WORKED ON IN THE PAST 12 MONTHS:

INDICATE IF YOU WISH TO BE CONSIDERED FOR SCHOLARSHIP ASSISTANCE. YES ___ NO ___

(NOTE: Teacher letter of recommendation **required** for admission **and** scholarship consideration).

NAME OF TEACHER SUBMITTING LETTER OF RECOMMENDATION: _____

ADDITIONAL INFORMATION

CAMP ROOMMATE PREFERENCE *(Resident Campers Only)*: _____

Note: If you do not indicate a roommate, one will be assigned to you by camp administrators.

GRADE COMPLETED THIS SPRING: **7, 8, 9, 10, 11, 12** ADULT T-SHIRT SIZE: **S M L XL**
(circle one) *(circle one)*

APPLICATION DEADLINE:

RETURN THIS FORM BY MONDAY, JUNE 8, 2009 TO: The University of Montana Piano Camp / Department of Music /

The University of Montana / Missoula, MT 59812-7992; tel (406) 243-6880

See Reverse for Tuition, Room and Board, and Camp Policies

MEDICAL INFORMATION

The University of Montana does not provide medical insurance, treatment or services for the participants of The University of Montana Piano Camp. To assure that proper medical treatment is made available to participants in a timely manner, should the need arise, the University requests that the Treatment Authorization below be reviewed, agreed to and signed by the appropriate parent/guardian.

Please indicate any unique medical conditions, allergies or dietary restrictions of which the camp faculty/counselors should be aware:

Treatment Authorization Statement

I hereby authorize any licensed medical doctor of the Missoula medical community to administer to my son/daughter/ward, any appropriate medical services which may be necessary to assure physical health and well-being during the period of his/her stay at The University of Montana Piano Camp. I fully understand and agree that I shall be responsible for payment of any expenses incurred for medical attention and that The University of Montana or doctor shall make a sincere effort to contact me to obtain verbal authorization prior to relying on this written authorization.

Parent/Guardian Signature: _____ Date: _____

AGREEMENT

I certify that I have examined this application and that all information provided is accurate and truthful. I understand that failure to comply with the rules and regulations of The University of Montana Piano Camp program, on the part of the participant and parent/guardian, will result in dismissal from the program and forfeit of all monies paid.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

PAYMENT INFORMATION

Please indicate below the type of camp the participant will be attending as well as the form of payment and amount being submitted with this application.

Reminder: Credit card payments are accepted, however, ALL information must be complete in order to process such payments. Thank you!

- ____ Resident Camper* \$495 includes Room/Board, tuition, activities, snacks, T-shirt, photo
- ____ Commuter Camper \$265 includes tuition, Wednesday "Out to Lunch," activities, snacks, T-shirt, photo
- ____ Commuter Camper \$300 includes all weekday lunches, activities, snacks, T-shirt, photo (*recommended*)

**Minimum Deposit with Application: \$250.00, balance due at registration*

***Resident Camper tuition will be \$460 if application is received by Monday, May 18th, 2009.**

Form of Payment: Cash: ____ Check (payable to The University of Montana): ____ Credit Card: ____

CREDIT CARD INFORMATION - Please Print Clearly -

Card Type: Visa Master Card

Card Number: _____ Expiration Date: _____

Cardholder's Signature: _____

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- For Office Use Only -

Deposit Received: _____ Date: _____

Payment: Cash Check (#) Credit Card

Balance Received: _____ Date: _____

Payment: Cash Check (#) Credit Card

Notes: _____