

2008 Website Summer Camp Registration Form

Return to consprog@aug.edu or

Mail completed form and tuition to

**Conservatory Program
Division of Continuing Education
211 Galloway Hall
Augusta State University
2500 Walton Way
Augusta, GA 30904**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Daytime Phone (cell, work): _____

Age: _____ Grade: _____ (Fall 2008)

School: _____

Parent/ Guardian's Name: _____

Instrument or Voice _____

Teacher's Name _____

For which camp do you wish to register:

Piano Masterclass

Choral/ Vocal Camp

Band Camp

String/ Orchestra Camp

Tuition enclosed:
 \$150 Regular
 \$130 "Early Bird"

Method of Payment:

Check or Money Order

Credit Card (VISA or Master Card only)

Card Number: _____

Exp Date: _____

Name on card: _____

Medical Information:

In case of emergency, every effort will be made to contact the camper's parent or guardian. Should this not be possible, the following information is necessary.

T-shirt size:
Child Size: _____
Adult Size: S
 M
 L
 XL
 XXL

Preferred Medical Facility: _____

Camper's Physician: _____

Physician's Telephone: _____

Does the camper have any allergies (drugs, insect bites, etc) or medications to be taken during camp? Please list on a separate page and return with this application form.

By registering my child for summer camp at Augusta State University, I give permission for images of my child, taken during participation in camp activities, to be used solely for the purpose of promotional materials and publications, and waive any rights of compensation thereto.