

## REGISTRATION

\_\_\_\_\_

Session you wish to attend

CAMPERS NAME \_\_\_\_\_

First Last

Male  Female Birth date \_\_\_\_\_ Grade in fall of 2007 \_\_\_\_\_

INSTRUMENT OR VOICE PART \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Number and Street

\_\_\_\_\_ Email contact \_\_\_\_\_

City State Zip

( )

\_\_\_\_\_

Name of Parent or Guardian

\_\_\_\_\_

Phone

\_\_\_\_\_

Name of school

Name the two most difficult pieces you play well \_\_\_\_\_

\_\_\_\_\_

Name of private teacher and length of study \_\_\_\_\_

List participation in Music Honor Groups \_\_\_\_\_

Number of summers that you have attended Arrowbear Music Camp \_\_\_\_\_

The last session you attended was \_\_\_\_\_

ADVANCED SESSION CAMPERS: MAIL APPLICATION NOW, within 3 weeks send an audition recording (tape or cd). Demonstrate your skill level. 1) 3 scales as many octaves and as rapid as practical 2) solo piece (or partial) not more than 5 minutes

Mail this form along with a \$100 deposit or an early full payment discount  
and a small recent photo (for emergency purposes) to:  
**ARROWBEAR MUSIC CAMP, PO Box 180, Running Springs, CA 92382**

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