

REGISTRATION

Session you wish to attend

CAMPERS NAME _____

First Last

Male Female Birth date _____ grade next fall _____

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:

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