

camp STRING 2009 APPLICATION FORM

883 Cambridge St. Cambridge, MA 02141 Phone: 617-868-1118 www.thebostonstringquartet.com

STUDENT INFORMATION

Name: _____

First Middle Initial Last

Address: _____

Street City State Zip

Work Phone: (____) _____ Home Phone: (____) _____

E-mail address: _____

Date of Birth: _____ Age: _____ Gender: _____ Instrument: _____

Parent/Guardian: _____

How long have you been playing: _____

Describe your playing experience: _____

List of Solo Repertoire:

List of Chamber Music Repertoire:

Past music camps attended (Date/Location/Instrument played):

Favorite Music/Groups:

Special Needs/Allergies:

How did you find out about camp STRING:

Please enclose audition tape (Optional*)

\$200 Deposit is due at time of registration

* Please include two contrasting solo works

**Pianos will be provided
ALL OTHER INSTRUMENTS WILL BE SUPPLIED BY THE STUDENT**

We understand the Camp Rules (listed at thebostonstringquartet.com) and agree to adhere to them. Any student unable to follow these rules may face expulsion from camp (NO REFUNDS):

Parent signature: _____
REGISTRATION WORKSHEET

Session 1 _____ (July 20-25)

Session 2 _____ (July 27-August 1)

__ \$550 Tuition (One session)

__ \$1,000 Tuition (Both Sessions)

__ -\$50 Early Bird Special (If postmarked before May 1st)

__ \$30 Lunch Plan (Includes 6 lunches. Please indicate special diet)

____ **TOTAL Due**

PAYMENT

__ VISA

credit card no. _____

__ MASTERCARD

expiration date ___ ___ security code (on back) ___

__ DISCOVER

card holder's name _____

__ AMERICAN EXPRESS

billing address _____

__ CHECK

city/state/zip _____

signature _____

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