



# Superior String Alliance 2009 Young Strings Camp Camper Application

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_\_

Instrument: \_\_\_\_\_ How long have you played? \_\_\_\_\_ (years)

Orchestral Experience: \_\_\_ No \_\_\_ Yes Where: \_\_\_\_\_

How long? \_\_\_\_\_(years) Study privately? \_\_\_ No \_\_\_ Yes, How long? \_\_\_\_\_ (years)

Name of private teacher: \_\_\_\_\_

I would like to attend:

- Elementary String Camp, July 14 - 17, 2009 Tuition \$250 by June 8; \$275 after June 22.

- Intermediate String Camp, July 18 – July 23, 2009 Tuition \$300 by June 8; \$350 after June 22.

Parent or Guardian Information:

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

City / ST / Zip: \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Recommendation from Private or Public Teacher or Conductor:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_ Yes, I recommend this student as a participant in the SSA Young Strings Camp (use additional sheet if necessary).

Camp Tuition (amount based upon dates above): \$ \_\_\_\_\_

Less Non-refundable Deposit (\$50) \$ -50.00 balance \$ \_\_\_\_\_

Make checks payable to SSA

MasterCard or Visa Card Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature Code \_\_\_\_\_

Please return the completed application form (including all signatures), recommendation, and \$ non-refundable deposit to:

Howard Harding 169 E Main St

Chocolay Township, MI 49855

SSA Young Strings Camp, c/o Howard Harding