



Superior String Alliance 2010 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:

___ Intermediate String Camp, July 20 - 23, 2010 Tuition \$250 by June 1; \$300 after June 1.

___ Advanced String Camp, July 25 - July 30, 2010 Tuition \$300 by June 1; \$350 after June 1.

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 \$50 non-refundable deposit to:

Howard Harding 169 E Main St

Chocolay Township, MI 49855

SSA Young Strings Camp, c/o Howard Harding