



Superior String Alliance 2008 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 21 - 25, 2008 Tuition \$250 by June 8; \$275 after June 8.

- Intermediate String Camp, July 27 – August 1, 2008 Tuition \$300 by June 8; \$350 after June 8.

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