SHENANDOAH SUMMER NATIONAL FLUTE WORKSHOP

PERSONAL INFORMATION

_____
LAST NAME, FIRST NAME

_____
STREET ADDRESS

_____ _____ _____
CITY STATE ZIPCODE

_____ _____ _____
TELEPHONE (DAY) TELEPHONE (EVENING) TELEPHONE (MOBILE)

_____ _____ ___ ___ _____
EMAIL (PARENT(S)/GUARDIAN) STUDENT'S AGE M F CURRENT PIECE/BOOK

ALL MATERIALS MUST BE POSTMARKED NO LATER THAN JUNE 21, 2015

ALL REGISTRANTS

The applicant agrees to abide by the School's regulations. We understand that all fees must be paid prior to the beginning of instruction and that no deduction or refunds will be made for late arrival, early departure or situations out of our control. Furthermore, we give our permission for the applicant to attend all functions and activities connected with the session.

I hereby release Shenandoah University and the officers, trustees, employees, agents and volunteers from all actions, claims, or demands for damages resulting from my, or my child's participation/actions in the activities, and from liability and damages, injuries, or losses that might be sustained by myself or my child, except those cause by direct and sole negligence of the aforementioned organizations.

_____ _____
PARTICIPANT SIGNATURE OR PARENT/GUARDIAN SIGNATURE DATE
(PARTICIPANTS MUST BE 18 YEARS OF AGE OR OLDER)

PHOTOGRAPHY/VIDEOGRAPHY

I, _____ (name of participant), hereby consent to be photographed or filmed for Shenandoah University. The resulting material(s) may be subsequently used without compensation to me by Shenandoah University, or third parties for publications (including web sites), advertising, and/or publicity purposes at the discretion of the school's Public Relations Office. I waive the right to inspect or approve the finished photograph and/or publication use.

_____ _____

PARTICIPANT SIGNATURE OR PARENT/GUARDIAN SIGNATURE (PARTICIPANTS MUST BE 18 YEARS OF AGE OR OLDER) DATE

PAYMENT AGREEMENT POLICY

Payment in full is due by June 21, 2015. Payment Plan Option: $200 due with registration, by June 15th. Balance is due by June 21st. Processing fee of $20 will be charged for those following the Payment Plan. If payment is not received in full by such time, you will be put on the waiting list and your spot in the Workshop will be given to another person on the waiting list. No refunds will be given.

Registration:	_X_	$ 50 (non-refundable)
Late Fee:	___	$ 50 (if postmarked after June 15, 2015)
Tuition:	_X_	$450
Processing Fee:	___	$20 (if electing to do the Payment Plan)
Additional Private Lesson:	___	$75
Residence:	___	$175 (double occupancy)
Residence:	___	$250 (single occupancy)
Meal Plan:	___	$200
TOTAL:		**$_____**
TOTAL ENCLOSED:		**$_____**

PARENT/GUARDIAN AGREEMENT REQUIRED

I have read and agreed to adhere to the payment requirements for the National Flute Workshop. Once payment is received, registration confirmation will be sent. A health insurance form and other questionnaires may be forthcoming in order to better place the participant.

_____ _____

PARTICIPANT SIGNATURE OR PARENT/GUARDIAN SIGNATURE (PARTICIPANTS MUST BE 18 YEARS OF AGE OR OLDER) DATE

Remit completed form and checks to:
SAGWA Flute Division
c/o 2112 Wittington Blvd.
Alexandria, VA 22308

Questions? Please contact Rebecca Collaros at rcollaros@levinemusic.org or 202-686-8008