

LAMAR UNIVERSITY

ALL - STATE CHOIR CAMP

July 17 - 21, 2006

REGISTRATION FORM

Please PRINT all information.

Payment and the signed medical release form must be completed for your registration to be processed.

Student's Name _____
(Last) (First) (MI)

Address _____

City, State, Zip _____

Home phone _____

Email address: _____

Grade in school (Fall, 2006) _____

Voice part you sing in choir (please circle one) S1 S2 A1 A2 T1 T2 B1 B2

High School you attend _____

Choir director's name _____

Parent Name _____ Parent SS# _____

Neded only in case of refund

Parent Day Phone _____ Evening Phone _____

Payment Enclosed:

* ___ \$100.00 (Commuter Tuition) OR

* ___ \$250.00 (Tuition, Room & Board)

Roomate Preference: _____ (All requests will be honored. Only 2 students per room)

___ \$30.00 (Music – We provide this service, but you will save money if you buy it on your own)

___ \$20.00 (Late fee – must add on or after July 10)

___ 5.00 (Optional Camp T-shirt – Recommended). Size (circle one) S M L XL XXL

(Please make checks payable to **Lamar University**)

Cancellation/Refund Policy: Full payment will be refunded if a written request is postmarked or delivered to Lamar University two weeks prior to camp registration. Any refunds after this deadline will be assessed a \$50.00 administrative charge. Your signature below acknowledges this policy.

Parent Signature: _____

MEDICAL RELEASE FORM

Lamar University - Beaumont

CAMPER WILL NOT BE ABLE TO REGISTER FOR CAMP UNTIL THIS FORM IS COMPLETED AND SIGNED BY PARENT OR LEGAL GUARDIAN.

Student's Name _____

Parent's Name _____

Address _____

City, State, Zip _____

Area Code _____ Day Phone _____ Evening Phone _____

Please list any allergies your child is known to have:

Will your child be taking any type of medication during camp?

_____yes _____no

Please describe _____

List any other health problems of which we should be aware:

To Parents or Guardians: In the event of sickness or injury, your child could need medical attention. In order for physicians to diagnose and prescribe medication of any kind, it is necessary for a parent or guardian to give consent. Please sign below if you desire physicians to prescribe for emergency situations. In the event of illness or injury, parents will be notified immediately.

Signature of parent or guardian

Please fill out these forms, enclose payment and send it to:

**Lamar Choir Camp, Lamar University Music Department, P O Box 10044,
Beaumont, TX 77710 – Questions? Call 409.880.8144 / 5 or email
garcianoej@hal.lamar.edu**