



# VOCAL CAMP SUMMER 2014

## REGISTRATION FORM

APPLICANT PHOTO
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### PERSONAL INFORMATION

Gender:	Name:
Allergies:	Date of Birth:

### CONTACT INFORMATION

Email:	Phone Number:
Emergency Contact:	Current Address:

### ACADEMIC INFORMATION

Level/Year of Study:	Name of School/College:
Lark Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Major/Minor:

### MUSICAL BACKGROUND

Sight-Singing Ability (Solfege): <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Musical Instrument(s) You Play:
Exposure to previous voice training? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Number of Years: _____ Name of Voice Instructor: _____
Experience in Choral Singing: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Considerable
Name of Choir:
Voice Classification: <input type="checkbox"/> Soprano <input type="checkbox"/> Mezzo <input type="checkbox"/> Tenor <input type="checkbox"/> Bass

### ATTENDANCE INFORMATION

<input type="checkbox"/> WEEK 2 (Adults)	<input type="checkbox"/> WEEK 1 (Ages 10-14)
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### CONDITIONS

Enrollment Fee: \$420 (25% discount for all Lark students, 50% for supervisors) A non-refundable \$50 deposit is due with this application by June 25.
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### CONSENT

I authorize the supervisors of the camp to take necessary actions for my welfare in case of an emergency. I affirm that I will not hold liable the Lark Vocal Camp, or any of its affiliates or members, for any expenses incurred as a result of an accident. I will assume complete financial responsibility for any mishap.		
NAME of APPLICANT (please print)	SIGNATURE (parent/guardian must sign if under 18)	DATE