

# *Brass @ Wallowa Lake 2018*

## Registration Form

**Dates:** June 24-30, 2018      **Cost:** \$550.00 total (includes instruction, room & meals)  
**Location:** Wallowa Lake Methodist Camp

**Registration and \$275.00 non-refundable deposit accepted until June 1, 2018 OR until camp fills. After June 1, registrations will cost an additional \$25.00!! Balance is due upon arrival at Camp.**

**Make checks payable to:** *Brass @ Wallowa Lake*  
**Return this form with deposit to:** *P.O. Box 636,*  
*La Grande, Oregon 97850*

Your Name: \_\_\_\_\_ Amount enclosed: \$ \_\_\_\_\_

Your Parent/Guardians' Name(s): \_\_\_\_\_

\*Parent Email: \_\_\_\_\_ \*Student Email: \_\_\_\_\_

**\*Attention: Information will be sent via the above email addresses. BE LEGIBLE!**

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade completed: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Instrument you will play at camp: \_\_\_\_\_

Returning camper? Yes \_\_\_\_\_ No \_\_\_\_\_; How Many Years \_\_\_\_\_? Male \_\_\_\_\_ or Female \_\_\_\_\_

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### **Band Director or Private Teacher Signature**

**(First-time campers only)**

This student can perform a 2-octave chromatic scale utilizing alternate fingerings AND is aware that he/she will be required to perform a representative etude or solo piece for placement purposes on the first day of camp.

Student name: \_\_\_\_\_

Teacher or Director Signature: \_\_\_\_\_

Teacher or Director Name (print): \_\_\_\_\_

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### **Permission to Participate in Activities**

The following signature indicates my consent for my child to participate in activities such as hiking, go-karts, or lake swimming while attending *Brass @ Wallowa Lake* camp June 24-30, 2018.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

**Adult T-Shirt Size:** XXL XL L M S (Circle One)

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**Cell Phones**

The natural setting of camp is conducive to intensive development of music and personal skills. We have found cell phones distract from those goals; therefore, we ask you either to leave your phone at home or give it to camp staff for safe keeping at registration. A camp phone is available for emergency calls.

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**Publicity Release**

May we use your photo for publicity? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Carpooling**

Do you wish us to release your phone/email to other campers in your area so you can arrange carpooling?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you \_\_\_\_\_ Have ride-space to share *or* \_\_\_\_\_ Need a ride

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**AUTHORIZATION FOR MEDICAL TREATMENT**

The following signature indicates my consent for any medical treatment necessary while my child is attending **Brass @ Wallowa Lake** camp between June 24-30, 2018.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

My child (check one) \_\_\_ is \_\_\_ is not \_\_\_ covered by medical insurance.

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

My child has the following allergies:

\_\_\_\_\_  
\_\_\_\_\_

My child is currently taking the following medications:

\_\_\_\_\_  
\_\_\_\_\_

For the following condition(s): \_\_\_\_\_

Any dietary restrictions/preferences: \_\_\_\_\_ Vegetarian? Other? \_\_\_\_\_

Emergency Contact phone other than home: \_\_\_\_\_

Questions? Call Dave Felley at: (541) 786-7666

Email: brassmanager.musiccamps@gmail.com