

## NORTH VALLEY Camp Festival Amadeus July 6-11, 2024 Application Form

Mail to:

North Valley Music School: CFA Application PO Box 4446, Whitefish, MT 59937 (406)862-8074 <u>northvalleymusicschool.org</u>

## PERSONAL INFORMATION

Name									
Parent/Guardian									
AgeMale Fema	le (	Contact E	Email(s)_						
Phone ()	) Alt Phone ()								
Address									
City		Stat	te	Zip					
Health Restrictions? Yes □ No	□ Please	Explain <sub>-</sub>							
Dietary Restrictions?									
T-Shirt Adult Size (circle one)	S	M	L	XL					
School									
Grade in fall (circle one)	7	8	9	10	11	12			
Instrument (circle all)	violin	viola	cello	bass					
Years Played	Do you take privately? Yes No								
School music teacher	Phone								
Email	Any other instrument?								
Private Teacher	_Phone_								
Current Working Piece Title									
Composer									

Turn over...

## PLACEMENT AUDITION (for first year students without teacher referral) □ Audition in person □ Video or YouTube link □ CD Enclosed Title of Piece **HOUSING** (\$100 additional fee) Housing required? Yes No Name of host family/student you wish to stay with (no guarantees) **FEES AND PAYMENT** \$400 postmarked by April 1st \$425 postmarked after April 1<sup>st</sup> Deadline is MAY 15 \$100 housing fee for week, if required \$30 per 30 minute private lesson, no. of lessons\_\_\_\_\_\_ Faculty name \$\_\_\_\_\_ Total Due \$ Total Enclosed Payment is due upon application; full refunds for 2 week notice of cancellation. Online registration/payments can be made at *northvalleymusicschool.org* □ Paid online ☐ Check enclosed – Please make payable to **North Valley Music School.** □ Visa □ MC Amount \$\_\_\_\_\_ Acct#:\_\_\_\_\_ 3 Digit Code: Expiration Date: Signature MEDICAL RELEASE/INTERNET PHOTO AUTHORIZATION I hereby authorize North Valley Music School, Glacier Symphony & Chorale and their staff, faculty and guest artists as agents of the undersigned to obtain any necessary medical care for my child and consent to medical treatment in event of an emergency during the Camp Festival Amadeus, July 6-11, 2024. I also authorize any licensed medical personnel to give any necessary treatment to my child. I assign NVMS and GS&C all rights to any photos taken during the CFA and authorize same to utilize pictures of my child on their respective websites, brochures, or other media. I also hereby release and discharge NVMS and/or GS&C and their staff, faculty and guest artists for any and all claims for personal injury. □ Please do not use photos of my child on the web or in any other media. Parent/Guardian Signature Date\_\_\_ Student Signature\_\_\_\_\_\_ Date\_\_\_\_