

The University of Texas at Arlington
All-State Choir Camp August 2-4, 2009
Registration Form

Last Name		First Name		Gender	Date of Birth			
Address			City	State	Zip			
Home Phone	Parent's Work Phone		Parent's Cell Phone		Student's Cell Phone			
Student's E-mail			Parent's E-mail (Will be used only for camp related correspondence)					
School				Grade (Fall 2009)				
				9 10 11 12				
Choir Director		Choir Director's Phone		Choir Director's E-mail				
Voice Part for All-State Auditions (Circle One)								
S1		S2	A1	A2	T1	T2	B1	B2
T-Shirt (Circle One)								
XS		S	M	L	XL	XXL	XXXL	

Plan A: Commuter \$165
Includes Sun. dinner; Mon. lunch & dinner; Tue. Lunch; camp t-shirt \$ _____

Plan B: On-Campus Resident \$250
Includes Sun. dinner; Mon. breakfast, lunch, & dinner; Tue. Breakfast & lunch;
camp t-shirt; LINENS NOT INCLUDED \$ _____

Music Packet \$25.00
Required if your choral director does not supply this for you \$ _____

Parking Tag \$2.00
Required if student will have their own car on campus \$ _____

Total Enclosed:
Make checks payable to UTA Music Dept. 2009 Choir Camp \$ _____

\$75.00 NON-REFUNDABLE DEPOSIT DUE: Postmarked no later than June 5, 2009

BALANCE DUE: Postmarked no later than June 26, 2009

LATE REGISTRATIONS accepted with additional fee of \$35 until July 11th for residents; July 28th for commuters.
Refunds given on all fees except the deposit until July 1st; no refunds given after that date. To receive a refund, the parent/guardian must complete a refund form, which may be obtained from Kate Zrust. Request must be made no later than one week after the close of the camp.

Suitemate names (one or two names only, requests must match)		
1)	2)	3)
The majority of KC Hall is configured with 3 people to a suite, with each person having their own room. If none or only one suite mate has been requested and/or there is a discrepancy with requests, suitemates will be assigned by the camp office.		

Mail this Registration Form, Deposit, and the following 7 forms:

- 1) Photo Release Form, 2) Health Services Medical History, 3) Consent Form for Minors, 4) HIPAA Receipt Form,
5) Short Form, 6) Health Services Financial Policy 7) After Hours Medical Treatment Form

UTA Music Dept.; Choir Camp; Box 19105; Arlington, TX 76019-0105

For more information: Kate Zrust; (817) 600-3482 or utavocal@gmail.com



The University of Texas
ARLINGTON™

PHOTOGRAPHIC CONSENT AND RELEASE FORM

I hereby authorize The University of Texas at Arlington, and those acting pursuant to its authority to:

- (a) Record my likeness and/or voice on a video, audio, photographic, digital, electronic or any other medium;
- (b) Use my name in connection with these recordings;
- (c) Use, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of this release.

Name: _____

Address: _____

Phone No. _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(if under 18 years of age)