

Frost Summer Jazz Workshop Application

PERSONAL INFORMATION

First Name_____

Last Name_____

Birth Date_____

Gender_____

Grade (entering Fall 2019)_____

CONTACT INFORMATION

Email_____

Mailing
Address_____

City_____

State_____

Zip_____

Home Phone_____

Cell Phone_____

MUSICAL BACKGROUND

Number of Years of Study_____

Music Teacher's Name_____

Type of Instruction

A) Private Instruction_____

B) Band Director_____

School Currently Attending_____

City_____

State_____

T-shirt Size_____

PARENT/GUARDIAN INFORMATION

First Name_____

Last Name_____

Relationship_____

Cell Phone_____

Work Phone_____

Email_____

EMERGENCY CONTACT INFORMATION

Contact First Name_____

Contact Last Name_____

Emergency Contact Phone Number_____

MEDICAL INFORMATION

Health Insurance Provider_____

Policy Holder_____

Customer Service Phone Number_____

Doctor's Name_____

Contact Phone_____

Allergies:

Medications:

Please list any relevant medical condition(s):

Please list any physical, emotional, or mental health issues that require special provisions:

FEES

Tuition - \$ 600

Facilities and Administration Fee - \$ 100

Housing and Meal Plan - \$ 300

Accepted Application Fee (non-refundable) - \$40

TOTAL for the Camp - \$ 1,040

Please make check out to Frost School of Music

CERTIFICATION

I hereby certify that the information given on this application is true and accurate, and that any and all relevant issues will be disclosed to the Camp Director upon submission of this application.

Print Name

Signature

Date

*For applicants under the age of eighteen, parental signature is required.

Parent or Guardian

Print Name

Signature

Date

Please enclose check made out to The FROST School of Music with your application and mail to:

Dr. Charles Bergeron
13270 NW 11th Drive
Sunrise, FL 33323