

LAMAR UNIVERSITY
ALL - STATE CHOIR CAMP
July 20 - 24, 2009



LAMAR UNIVERSITY
A Member of The Texas State University System

REGISTRATION FORM

Please print all information. Registration and signed medical release forms must be completed for your registration to be processed.

Student's Name _____
(Last) (First) (MI)

Street Address _____

City, State Zip

Home Phone _____ Grade in School (Fall 2009) _____
(Area code) Number

E-mail Address: _____

Voice part you sing in choir (**please circle one**) S1 S2 A1 A2 T1 T2 B1 B2

Camp T-shirt size (included in tuition cost) (**please circle one**) S M L XL 2XL 3XL

High School you attend _____

Choir Director's name _____

Parent's Name _____ Parent's SS# _____
(Needed only in case of refund)

Parents Day Phone _____ Evening Phone _____

Payment Enclosed: (Please make checks payable to **Lamar University**)

____ \$110.00 (Commuter Tuition) **OR** ____ \$260.00 (Tuition, Room & Board)
Roommate Preference: _____ (Only 2 students per room.
Requests cannot be guaranteed.)

____ \$30.00 Music packet. (This is **optional**. You will save money if you buy it on
your own)

____ \$27.50 Dorm cost for early (Sunday) arrival

____ \$20.00 Late fee. Must include on or after July 8.

____ \$5.00 Pizza on Sunday night

Cancellation/Refund Policy: Full payment will be refunded if a written request is postmarked or delivered to Lamar University two weeks prior to camp registration. Any refunds after this deadline will be assessed a \$50.00 administrative charge. Your signature below acknowledges this policy.

Parent's Signature _____

PLEASE FILL OUT MEDICAL RELEASE FORM

**LAMAR UNIVERSITY
ALL - STATE CHOIR CAMP
MEDICAL RELEASE FORM**

Lamar University - Beaumont

CAMPER WILL NOT BE ABLE TO REGISTER FOR CAMP UNTIL THIS FORM IS COMPLETED AND SIGNED BY PARENT OR LEGAL GUARDIAN.

Student's Name _____

(Last)

(First)

(MI)

Parent's Name _____

(Last)

(First)

(MI)

Address _____

_____ City, State

_____ Zip

Day Phone (with area code) _____ Evening Phone (with area code) _____

Please list any allergies your child is known to have:

Will your child be taking any type of medication during camp? _____ yes _____ no

Please describe:

List any other health problems of which we should be aware:

To Parents or Guardians: In the event of sickness or injury, your child could need medical attention. In order for physicians to diagnose and prescribe medication of any kind, it is necessary for a parent or guardian to give consent. Please sign below if you desire physicians to prescribe for emergency situations. In the event of illness or injury, parents will be notified immediately.

Signature of Parent or Guardian _____

Please fill out these forms, enclose payment and send them to:

**Lamar University Choir Camp
Department of Music
P.O. Box 10044
Beaumont, TX 77710**

Questions? Please call 409.880.8078 or e-mail debra.greschner@lamar.edu.