

3rd Annual
OSU HIGH SCHOOL SUMMER BAND CLINIC
June 22-28, 2008
APPLICATION FORM

PART I

DUPLICATE AS NEEDED

(Please type or print)

Student's Name _____ Email _____

Address _____
street city/state zip

Age _____ Gender _____ Phone _____

Parent/Guardian _____
name

Parent/Guardian _____
Work phone home phone

Parent/Guardian signature (required) _____

Emergency Contact or Alternate Contact _____
Name work phone home phone

PART II

Grade (Fall 2008) _____ Instrument _____
(include clef for baritone)

Secondary Instrument _____

High School _____ High School Band Director _____

Address _____
street city zip

Position in High School Band: Part _____ Chair _____

Do you study privately? Yes _____ No _____ Teacher's name _____

Solo or exercise book being studied: _____

List any special musical organizations with which you have performed (All State, All County, etc.):

PART III

FEES

Resident: \$435.00

Commuter: \$325.00

Deposit (to be deducted from the total cost): \$50.00 (non-refundable)

I will be a (check one): Resident _____ Commuter _____

Roommate Request (optional): _____

Special Dietary Needs: _____

Medical Conditions of which the Clinic Staff should be aware (WILL REMAIN CONFIDENTIAL): _____

T-Shirt Order

All students attending the 2008 Clinic will receive T-shirts.
Please circle your size preference:

S M L XL XXL

Please send application materials and NON-REFUNDABLE \$50.00 deposit to:

OSU High School Summer Band Clinic
ATTN: Tom Cook
The Ohio State University School of Music
1866 College Road
Columbus, Ohio 43210
Phone: 614-292-5272
FAX: 614-247-6250

- ✓ **DEADLINE: Tuesday, May 15, 2008**
- ✓ **Write check to: The Ohio State University**

Office Use:

Housing Assignment _____ Room# _____

Website: <http://bands.osu.edu>