Southwestern College School of Arts & Communication

2014 Summer Music Master Classes July 7 – 17, 2014 Registration Deadline: June 23, 2014

Please copy and distribute as necessary

THE APPLICATION PROCESS

Step One: Read, complete and sign the registration forms: Part A, B, and C

Step Two: Include payment (See Part C) payable to <u>Southwestern College.</u> Submit application & payment to: Southwestern College, 900 Otay Lakes Rd, School of Arts and Communication, Chula Vista, CA 91910, Attention: Angela Cardenas, Clerical Assistant. All completed applications submitted with payment will be placed in the class on a first come, first served basis.

PART A

APPLICANT INFORMATION

Student Name:			Male	Female
Last	First	Middle	_	_
Grade Level (Grades 7-12)	Birthdate:			
School Name:				
Home Address/Street :				
City:	State:	Zip Code:_		
Day Phone:()	Evening: ()	Fax: ()	
E-Mail Address:				
PARENT/GAURDAIN INFORMATION				
Name:		Relationship to student:		
Address/Street:				
City:	State:	Zip Code:		
Day Phone:()		Cell:	()	
E-mail Address:				
EMERGENCY CONTACT				
Name:	Relationship to student:			
Address/Street:		-		
City:	State:	Zip Code:		
Day Phone:()	Evening: ()	Fax:	()	
E-mail Address:				
EMERGENCY CONTACT				
	Relationship to student:			
Address/Street:		·		
City:	State:	Zip Code:		
Day Phone:()	Evening: ()	Fax: ()	
F-Mail Address:		`	•	

(OVER)

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PART B

ADDITIONAL PERSONAL INFORMATION (for medical ale	ert)
Please elaborate:	
Are you taking any medication? Yes ☐ No☐ Please descr	ribe:
Date of last physical examination:	
Are you current with all of your immunizations? Yes <a> No	Date of last tetanus shot:
Is there any additional information that we should be aware of	of in planning any activities or excursions?
Are there any medical conditions that may affect your partici	pation in this program? (please describe):
ACKNOWLEDGEMENT AND AGREEMENT I certify that the information submitted on this application is of financial policies of Southwestern College in all relevant pre-	
My signature on this application form indicates my understar and the following waiver.	nding and acceptance of the enclosed statements
Parent/Guardian Signature:	Date:
Please print your name:	
Office Use Only: Received:Notes:	Initial:
	Office Use Only: Date Verified w/Cashier: Amt. Paid Release Due:

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Student Name:				
Last		First	Middle	
PART C MASTER CLASS IN	FORMATION			
July 7 - 17 – Tw	o week mast	er class series		
Become a perform	ing arts "triple threat singing with the en	ent for Musical Theatre – In: " by incorporating choreogra d goal of culminating perform a.m. Room 801	phed dance moves, acti	
Thursday, July 17	6 pm – 8 pm F	inal Culminating Performa	nce at Mayan Hall	
microphone, learni MTWTH	Vocal Soloist througing to improvise all v 10:45 a.m. – 12	Tracy Burklund The group voice instruction for the group voice instruction for the group voice instruction for the group voice in the group voice	ing performance on stag \$100	
		due with my ar ∩ Money Order [
Credit Card number:		Exp. Date: _	Sec	urity number:
Credit card type: Vis	a Masterca	ard Discover	American Express	
Name on the Credit	Card:	two alones		

- \$100 fee for one class or \$150 for two classes
- Application and payment received after the deadline will be placed on a waiting list.
- If your application is not accepted due to late registration or closed class, your fees will be refunded.