



S Y M P H O N Y I N C

## SYMPHONY SUMMER CAMP 2017 AND YOUTH ORCHESTRA 2017-18 APPLICATION

Complete and return by Friday, April 28, 2017 for the Early Bird Discount  
or at the latest Monday, July 17, 2017 to:

SYMPHONY IN C, P.O. Box 8610, Collingswood, NJ 08108 OR Email to  
[jhart@symphonyinc.org](mailto:jhart@symphonyinc.org)

- I'm interested in BOTH Summer Camp and Youth Orchestra
- I'm ONLY interested in Summer Camp
- I'm ONLY interested in Youth Orchestra

Full name of musician:

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Date of birth:

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Street Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Name of current school:

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Grade in Fall 2016:

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Instrument you will be studying at camp: \_\_\_\_\_

Number of years studied:

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Name of music/band teacher at school:

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Do you take private lessons? Yes \_\_\_\_ No \_\_\_\_

If Yes, with whom?

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Do you play in a school ensemble? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, which one(s)?

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Have you had any other music/performance experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list:

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Have you previously attended Symphony Summer Camp:

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what year(s)? \_\_\_\_\_

Parent/Guardian name:

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Relationship to musician:

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Mailing Address (if different from above):

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Daytime telephone number:

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Evening telephone number:

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I would like to apply for financial aid. Yes \_\_\_\_\_ No \_\_\_\_\_

I will need transportation to and from the Rutgers Campus (Camden City residents only) Yes \_\_\_\_\_ No \_\_\_\_\_

E-mail Address:

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**CONSENT FORM AND RELEASE** As parent or legal guardian I give my consent for my child to be interviewed, photographed and to have his/her image and voice electronically recorded ("the material") by, or on behalf of, Symphony in C.

Parent/Guardian signature:

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For more information, call Joseph Hart, VP of Artistic Operation and Education at (856) 240-1503 or [jhart@symphonyinc.org](mailto:jhart@symphonyinc.org)