



SC Summer Music Festival
May 31 – June 5, 2009 APPLICATION

Date of Birth: _____ Male ___ Female ___

T-Shirt Size: S ___ M ___ L ___ XL ___ XXL ___

Name: _____

Parents' Names: _____

Address: _____ City: _____ State: __ Zip: _____

E-Mail Address: _____

Daytime Phone Number: _____

Alternate Phone Number: _____

Request a Roommate: _____

High School: _____

Class of: _____

Voice: S ___ A ___ T ___ B ___

Instrument(s): _____

Name of recommending teacher: _____

 Teacher Signature

 Camper Signature

 Parents/Legal Guardian Signature

Scholarships available to every person recommended by their music teacher and/or by placement hearing. Placement recording is April 1, 2009.

___ Need-Based Scholarship Available: Attach a letter detailing special circumstances

___ Merit-Based Scholarship

___ Payment Amount Enclosed: \$ _____

Number of persons (other than festival participant) who will attend evening banquet on June 5: _____ (\$15 each)

Send to:

Summer Music Festival 2009
 C/o Lou Tharp, Faculty Assistant
 Performing Arts Division
 Southwestern College
 100 College Street
 Winfield, KS 67156

