

Franklin Band & Orchestra Camp

Camp will be held at Herndon Middle School



**June 28 to July 23, 2010
Monday through Friday**

**8:30 AM to 12:30 Orchestra
9:00 AM to 1:00PM-Band
Franklin Camp**

Features:

- **Sectionals with instrumental specialist**
- **Full band and orchestra classes for all levels of experience. Ages 9 and up/Rising 4th grade and up**
- **Classes for Elementary through High School**
- **Special classes for beginning Band and String students.**
- **Concert performance on the last day featuring all performance groups.**
- **Students may study the following instruments:
All woodwinds, all brass, all percussion, all strings.
(Piano, Guitar and Recorders are not offered)**
- **New this year: Auditions and First Day information will be available on line at www.fcps.edu/FranklinMS**
- **Sponsored by Franklin Middle School Band Boosters**

June 28 – July 23, 2010

Orchestra 8:30 – 12:30 Band 9:00 – 1:00

CAMP USE ONLY

Ck# _____ Amount _____ Reg # _____

No application is completed without payment of \$175.00 in full. There will be no refunds after June 14th. A \$25.00 charge will be required for registration received after June 1, 2010. Your canceled check is proof of registration.

-Please Print-

Camper's Name _____ Age at Camp _____

Address _____ City _____ State _____ Zip Code _____

What school do you *now* attend? _____ What grade are you *now* in? _____

Parent/Guardian available during the day Name: _____

Phone Numbers: Home _____ Office _____ Other _____

This application has my approval and consent

(Signature of Parent/ Guardian) _____

Send Check and this completed form to:

Franklin Band Boosters
3300 Lee's Corner Road
Chantilly, VA 20151

Have you ever attended the camp?
Yes _____ No _____ (Year _____)

-Please answer all the following questions-

- **Instrument** _____ **Years Played** _____
- **Band students: Circle the scales you know :** F Bb Eb Ab G D A E
- **Band students: Do you know the Chromatic scale?** YES _____ NO _____
- **What band or orchestra are you in this (09-10) school year?** _____
- **What level music method books have you completed** _____
- **Do you study privately?** YES ___ NO ___ If yes, who is your private instructor _____
- **Please check if your director has requested an instrument change**
- **Camp instructors will notify students the first day of class as to what items/books may be needed**
- **Check our website: www.feps.edu/FranklinMS for audition music and other information. Music will NOT be mailed this year.**

Please circle T-shirt Adult Sizes: Sm Med Lg XL

Please check ONE of the following programs:

Beginning program is for students with no previous band or string instrumental experience

- Beginning Band Program.....\$175.00 \$200.00 after June 1
- Beginning Orchestra Program.....\$175.00 \$200.00 after June 1

Cadet program is for students with at least one year of band or orchestra experience

- Cadet Band Program.....\$175.00 \$200.00 after June 1
- Cadet Orchestra Program.....\$175.00 \$200.00 after June 1

Concert Program is for students with at least two years of band or orchestra experience

- Concert Band Program.....\$175.00 \$200.00 after June 1
- Concert Orchestra Program.....\$175.00 \$200.00 after June 1

Symphonic Program is for students with at least three years of band or orchestra experience

- Symphonic Band Program.....\$175.00 \$200.00 after June 1
- Symphonic Orchestra Program.....\$175.00 \$200.00 after June 1

For more information or assistance in the selection of an instrument suitable for the beginning student, please call one of the camp directors: Lawrence Walker, Director (Band) 703-904-5145. Cindy Crumb, Assistant Director (Orchestra) 703-219-2236 **After June 21, call 703-904-5145.**

- Please check if you want to have your name, address and phone number on a list for other campers desiring to form car pools. **You must attach a stamped, self-addressed envelope to your application** and the carpool list will be mailed to you. Campers registering after June 11th will not be included on the list. The camp cannot provide transportation.

Please send a snack. Snacks are also available for purchase at Franklin Snack Shop.

Parents/Guardians Please Complete the Following Information:

PERMISSION FOR EMERGENCY CARE

Name of Pupil: Last _____ **First** _____ **MI** _____ **Date of birth** _____

Name of Parent/Guardian _____

Telephone: Home _____ **Business (Mother)** _____ **(Father)** _____

Emergency contact (other than parent) _____ **Telephone** _____

Parent/Guardian insurance _____ **Company and Policy No.** _____

Name of Family Physician _____ **Telephone** _____

Allergic to Medication (Specific Type) _____

Camp Personnel will not dispense medication.

Is the pupil under physician's care for health needs on a continuing basis? ___ YES ___ NO

Is the pupil under medication or treatment on a continuing basis? ___ YES ___ NO

Franklin Band & Orchestra Camp has my permission, in an emergency when I (or my physician) cannot be contacted, to take my child to the emergency room of the nearest hospital. The hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child

Signature of Parent _____ **Date** _____