

Franklin Band & Orchestra Camp

Camp will be held at Franklin Middle School



**June 27 to July 22, 2011
Monday through Friday**

**8:30am to 12:30pm Orchestra
9:00am 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)**
- **Auditions and First Day information will be available on line at www.fcps.edu/FranklinMS**
- **Sponsored by Franklin Middle School Band Boosters**

June 27 – July 22, 2011

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 3rd. 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 level music method books have you completed _____
 - Camp instructors will notify students the first day of class as to what items/books may be needed
 - Check our website: www.fcps.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

- Band Program.....\$175.00 \$200.00 after June 3
- Orchestra Program.....\$175.00 \$200.00 after June 3

Ensemble placement will be determined by the audition held the first day of camp. Check out our website. www.fcps.edu/FranklinMS for audition music

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 Lawrence.Walker@fcps.edu
Cindy Crumb, Assistant Director Cindy.Crumb@fcps.edu

- 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 _____