



# Director Registration - Residential

Illinois State University, Normal, IL • Monday, June 21, 1 p.m. – Saturday, June 26, 3 p.m.  
 Leadership Weekend Experience: Saturday, June 19, 10 a.m. – Monday, June 21, 9 a.m.



## 2010 MUSIC FOR ALL SUMMER SYMPOSIUM

This form must be postmarked by **May 21, 2010** to register without a late fee. Photocopy completed application for your records.

### Applicant Information-Please print.

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ First Name for Name Badge \_\_\_\_\_

Primary E-mail address \_\_\_\_\_

Secondary E-mail address \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code/Home Phone \_\_\_\_\_ Area Code/ Cell Phone # \_\_\_\_\_

### School Information

School Name \_\_\_\_\_

School Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Director Contact Name at this School (if different than yourself) \_\_\_\_\_

Area Code/ School Phone # \_\_\_\_\_ Area Code/ FAX # \_\_\_\_\_

**Applicant is:**  Male  Female Birthdate \_\_\_\_\_

**T-Shirt Size (Adult Men's Sizes):**  S  M  L  XL  XXL

MFA may send text message updates of camp schedule and alerts to my cell phone listed on this form. Standard text messaging rates may apply.

### Late/Change Fees and Cancellation Policy

- **ALL cancellations: Before June 1**—Music for All will retain \$400 non-refundable deposit portion of registration fee, refunding balance paid. **After June 1**—Music for All will retain 100% of registration fee, no refunds.
- **\$40 Change Fee applies after May 21:** 1) For any roommate changes; 2) For any housing date changes; and 3) For late receipt of TBA names.
- **Lost, Damaged or Stolen Items:** ISU imposes a penalty for lost/stolen items needing replacement including room keys and meals cards. We will charge the applicant for these replacement charges. Further details will be in the Final Packet.
- **\$65 Late Registration Fee applies:** If an applicant registers after May 21.

### Payment Method - Payment MUST accompany application.

Check is enclosed. **Make checks payable to Music for All.**

Charge Visa/Mastercard/Discover/American Express # \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ Print name of cardholder \_\_\_\_\_

### Payment Options - Payment must accompany application.

**Full Symposium Week (Choose one)**

**Early Bird Fee**—Full payment postmarked on or before **March 31, 2010**. No deposit option available ..... \$729=\$ \_\_\_\_\_

**Early Bird Fee Installment Plan**—Requires payment by credit card. (\$729 + \$21 installment fee) ..... \$750=\$ \_\_\_\_\_

I authorize MFA to charge the credit card number shown above for three payments on the following dates:  
 \$250 charge upon receipt of application form due no later than **March 31, 2010 (Fee includes \$7 installment fee per payment.)**  
 \$250 charge on **April 30, 2010**  
 \$250 charge on **May 21, 2010**

**Full Fee**—Postmarked on or before **May 21, 2010** ..... \$885=\$ \_\_\_\_\_

**"FREE Ride" Option**—One director per school attends free for every **12 students** registered from that school ..... \$0=\$ \_\_\_\_\_

**"Tuition Free" Option**—One director per school attends tuition free for every **6 students** registered from that school ..... \$485=\$ \_\_\_\_\_

### Add Leadership Weekend Experience (June 19-21)

Available only to directors enrolling in the full week of camp

- Leadership Dorm - Double Room = \$275
- Leadership Dorm - Single Room = \$317
- Leadership Hotel - Double Room = \$389
- Leadership Hotel - Single Room = \$499

Your housing type for the Leadership Weekend Experience, or any additional nights of housing, must be the same as what you have chosen for the full week of camp.

### Additional Nights Housing

Please check the nights you are adding (Meals are not provided):

- Fri. 6/18  Sat. 6/19  Sun. 6/20  Sat. 6/26
- Dorm - Double Room = \$25 x \_\_\_\_\_ # of nights = \$ \_\_\_\_\_
- Dorm - Single Room = \$42 x \_\_\_\_\_ # of nights = \$ \_\_\_\_\_
- Hotel - Double Room = \$59 x \_\_\_\_\_ # of nights = \$ \_\_\_\_\_
- Hotel - Single Room = \$109 x \_\_\_\_\_ # of nights = \$ \_\_\_\_\_

### Housing Upgrades

CAMP WEEK ONLY

- Dorm - Single Room = Add \$92
- Hotel - Double Room = Add \$199
- Hotel - Single Room = Add \$465

Add Leadership Weekend Options ..... + \$ \_\_\_\_\_

Additional Nights Housing Total ..... + \$ \_\_\_\_\_

Add Housing Upgrade Amount ..... + \$ \_\_\_\_\_

Late Registration Fee (for registrations after 5/21/10) ..... \$65 = \$ \_\_\_\_\_

GRAND TOTAL ..... = \$ \_\_\_\_\_

Directors interested in course credit may pay the \$30 application fee on site to the ISU Registrar.

Please mail completed form to: Music for All, 39 W. Jackson Place, Suite 150, Indianapolis, Indiana, 46225 or Fax to: 317.524.6200

Continued on Back—Registration is not complete without both sides.

Date Entr'd

ID #

Amt \$

CC/Check #

Date

Convention - MW

## Music for All 2010 Summer Symposium Director Registration

**Please select one:**    **High School Director**    **Middle School Director**    **Color Guard Instructor**    **Drum Instructor**

*Use this Director form to register for Director Workshops, Colorguard Instructor Academy and Drum Instructor Academy. All classes are interchangeable and open to all enrolled teachers. The designation above is for planning and preparation of course materials.*

**Director Reading Band Participation:** "I plan to participate in the" (choose one):    **Concert Band**    **Jazz Band**    **I will not participate**

"Instrument(s) I will play" (bring with you!) \_\_\_\_\_

**Roommate Preference/Housing & Meals Info—Please note start and end times and make travel plans accordingly.**

Registration ..... 8 a.m., Monday, June 21, 2010  
 Opening Session..... 1 p.m., Monday, June 21, 2010  
 Camp Ends ..... 3 p.m., Saturday, June 26, 2010

Full Week Fees include housing Monday night, 6/21 through Friday night, 6/25. Meals begin with dinner Monday and end with lunch Saturday (6/26). Leadership housing includes Saturday and Sunday night (6/19 & 6/20). Leadership meals begin with Saturday lunch and end with Monday lunch.

Leadership Registration ..... 8 a.m., Saturday, June 19, 2010  
 Leadership Opening Session ..... 10 a.m., Saturday, June 19, 2010  
 Leadership Workshop Ends ..... 9 a.m., Monday, June 21, 2010

**Housing is on a first-come, first-served basis. Hotel housing may not be available after the May 21 deadline.**

Your preferred roommate must also request you and indicate Hotel upgrade. After May 21, if your preferred Roommate has not registered for the Symposium and/or requested you as his or her preferred roommate, Music for All will assign a roommate to you at random. Roommate preferences can only be considered if BOTH people request each other with their initial application, which Music for All must receive before May 18. Roommate requests are not guaranteed. Every effort is made to accommodate your choice. Maximum TWO people per room. Room and roommate assignments will not be available until camp registration. Adults and students cannot be roomed together. Cannot request roommate "To Be Announced."

Roommate Preference Full Name \_\_\_\_\_ School, State \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact	First	Last	Relationship
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Home Address	City, State	Zip
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Home Phone (Area Code)	Work or Cell Phone (Area Code)
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If above not available, in an emergency contact:

Emergency Contact	First	Last	Relationship
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Home Address	City, State	Zip
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Home Phone (Area Code)	Work or Cell Phone (Area Code)
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Family Physician	Physician Phone (Area Code)
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**MEDICAL HISTORY:**    Convulsions    Bleeding disorder    Chicken Pox  
 Diabetes    Asthma    Measles  
 Heart defect/murmur    Surgery (past 2 years)    Mumps

Last Tetanus/Diphtheria immunization date \_\_\_\_\_  
 MM / DD / YYYY

Brief descriptions and dates of items checked \_\_\_\_\_

Medications – type, dose, and frequency (list) \_\_\_\_\_

Allergies – include allergies to medications, foods, sting, other substances (list) \_\_\_\_\_

Physical, medical or other restrictions that would limit camp activities \_\_\_\_\_

**INSURANCE CARRIER** (If you do not currently have insurance please indicate that here)

Policy #	Group/Plan #
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- COPY OF THE FRONT AND BACK OF YOUR INSURANCE POLICY CARD ATTACHED**  
 **NO INSURANCE.** (Participants ARE able to attend camp without insurance.)

**Consent Form/Responsibility Clause (Please Fill Out Completely.)**

I hereby agree to participate in the 2010 Music for All Summer Symposium listed on the front of this application. I understand that Music for All, Inc., Bands of America, Orchestra America and their directors, agents (including Illinois State University, Community Unit School District No. 5, McLean and Woodford Counties, Illinois, National Easter Seals, Easter Seals Peoria-Bloomington and their respective directors, officers, employees and agents) and employees shall not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this Music for All sponsored event (the "Sponsored Event").

Also, in case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures s/he deems necessary to my welfare while participating in the Sponsored Event. It is understood that Music for All and medical personnel will make every attempt to contact my emergency contact if I am unable to make determinations concerning my treatment. In the event they cannot be reached for an emergency, I hereby give permission to the physician selected by Music for All to secure and administer such treatment(s) as may be necessary, including hospitalization. I also authorize Music for All and its agents to release copies of my medical record to hospitals and other physicians to which they are referred and to insurance companies for payment of the medical claim. A photocopy of is as valid as the original. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for me if such emergency conditions warrant. I hereby assume and agree to pay in indebtedness or physician's or surgeon's fees and hospital charges for such service, and for any ambulance or any other emergency transportation that may be needed.

I hereby irrevocably grant to Music for All, Inc., Bands of America, Orchestra America, and their respective agents, licensees and assigns, the right to use in any and all media and in any and all forms my name, likeness, photographic prints and any video or audio reproduction of sounds, performance or appearances of me while attending the Sponsored Event, for any purpose including promotion, advertising or otherwise. I understand I will not be paid any royalty or other compensation. With the use of the rights, I hereby release Music for All, Inc. and its agents, licensees and assigns from all claims, liabilities and/or damages which now or in the future may arise from such use.

I understand that consumption or possession of alcohol in the Illinois State University residence halls is prohibited. I understand that a violation of this prohibition will result in the request for my departure from the residence halls. I, the undersigned, have read, understand and accept the "Late/Change Fees and Cancellation Policy" on the front of this registration form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Health Insurance policyholder \_\_\_\_\_