



DIVISION OF MUSIC  
UAM Box 3607  
MONTICELLO, AR 71656  
(870) 460 - 1060

THE UNIVERSITY OF ARKANSAS AT MONTICELLO

## The University of Arkansas at Monticello Summer Camps 2018

Application (please type or print in ink)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

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

Grade \_\_\_\_\_ Sex: Male {  } Female {  }

Parent's Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Regularly Checked Email Address \_\_\_\_\_

**(We will send out regularly important band camp information out via email.)**

Instrument you play \_\_\_\_\_ Brand \_\_\_\_\_ Serial # \_\_\_\_\_

Choice of Roommate (if any) \_\_\_\_\_ Roommate's School \_\_\_\_\_

**(Please select a camp.)**

Beginner Camp - June 12 - 16:      on campus \$295.00 {  }      off campus \$235.00 {  }

Junior High Camp - June 12 - 16:      on campus \$295.00 {  }      off campus \$235.00 {  }

Senior High Camp - June 26- 30:      on campus \$295.00 {  }      off campus \$235.00 {  }

Jazz Camp - July 17- 21:      on campus \$295.00 {  }      off campus \$235.00 {  }

Auxiliary Camp - July 17 - 20      on campus \$265.00 {  }      off campus \$205.00 {  }

### **In Case of Emergency**

MONTICELLO - CROSSETT - MCGEHEE

WWW.UAMONT.EDU

UAM IS AN ACCREDITED INSTITUTIONAL MEMBER OF THE NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,  
recognizing and being fully aware of the potential dangers involved, authorize band camp staff to  
transport my child to a physician of emergency room if necessary for medial care and I specially  
release the staff member from the liability whatsoever except for acts of gross negligence.

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

To ensure proper treatment of your student it is a requirement to send an insurance card with him  
or her to cap in case of an emergency.

Emergency Telephone Numbers \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Any Medical Conditions? \_\_\_\_\_

Please list any allergies you may have. (If none please write "none" in the blank.)

\_\_\_\_\_  
\_\_\_\_\_

Current Medications \_\_\_\_\_

Tetanus/Diphtheria \_\_\_\_\_

**Mail Your Payment and Application To:**

Cashier Office - Band Camp  
P.O. Box 3597  
Monticello, AR 71656

**Make Check Payable To:**

UAM Band Camp

**Questions:**

1-870-460-1060 UAM Music Office  
bandcamp@uamont.edu