



SUMMER ORCHESTRA CAMP

Roseville Area High School

July 23 - August 3, 2018

Entering Grade 9 - Alumni • Mon-Fri • 1:00pm-3:00pm • \$85

- Summer Orchestra Camp is for students who play violin, viola, cello, and bass. This program is for students who are entering ninth grade and up through high school seniors. Roseville alumni may also register.
- Orchestra Camp is an enrichment program in which we will rehearse and perform a variety of music at a level equivalent to RAHS Orchestra.
- Students must have instructor approval, music reading ability, and high school level performing ability on their instrument.
- All rehearsals will be held at RAHS in an air conditioned room close to the Orchestra room.
- For prior approval contact Pat Kelly at:
Patricia.Kelly@isd623.org or **651.604.1487**.



Final Concert

FRIDAY AFTERNOON • AUGUST 10 • 2:00-3:00PM
ROSE POINTE SENIOR LIVING

EASY WAYS TO REGISTER:

Mail Registration Form to:
Roseville Area High School
1240 County Road B2 W.
Roseville, MN 55113
Attn: Pat Kelly

Drop Off Registration Form at:
Roseville Area High School
1240 County Road B2 W.
Roseville, MN 55113
Attn: Pat Kelly

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Registration Deadline is June 1!

Please fill this form out completely to ensure a complete registration.

STUDENT INFORMATION

Student Full Name: _____

Address Line 1: _____

Address Line 2: _____ City: _____ Zip: _____

Home Phone: _____ Grade Student entering: _____

Male Female Birthday: _____ Age: _____

Special health concerns we should be aware of (A nurse is NOT present during summer camp):

Participant's UCare ID# (If applicable) _____ UCare Member Discount Total \$ _____

Instrument: VIOLIN VIOLA CELLO BASS

PARENT/GUARDIAN INFORMATION

Parent/Guardian/Payer Full Name _____

Address Line 1: _____

Address Line 2: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Emergency Phone: _____

Other Contact Information _____

Email Address _____

Persons authorized to pick up child/ren other than parent _____

PAYMENT INFORMATION

Total Registration Amount \$ _____

Cash Check Make Checks Payable to Roseville Area Schools Credit Card (please fill out info below)

Card Type: Mastercard Visa Discover

Cardholder's First Name: _____ Card Holder's Last Name: _____

Expiration Date: _____ 3 Digits on back of card: _____

Credit Card number: _____

Authorized Signature _____ Date _____