BEGINNER BAND CAMP
Entering Grade 5
After three weeks of daily lessons, five days a week, a beginning instrumentalist will be playing a rousing march with precision! The final concert will amaze with how well the kids perform together. Daily the students participate in music theory, band rehearsal, and a recreational period. It’s a great time to make new friends! Over the years, this formula has spelled FUN & SUCCESS! Attendance the first week of camp is required. Contact your school's band teacher if this is a problem.

Class #220  8:00AM-10:00AM  $145

BEGINNING ORCHESTRA CAMP
Entering Grade 4 & 5
Success on a string instrument means time on the instrument and time with instruction. Our summer program is multi-dimensional, allowing us to grow on many fronts while meeting new friends. This is a perfect place to grow a child's interest in music, sharpens their musical ability and inspires them to continue honing their talents. Attendance the first week is required. Contact your school's orchestra teacher if this is a problem.

Class #221  8:00AM-10:00AM  $145

INTERMEDIATE BAND & ORCHESTRA CAMP
Every day, students participate in sectionals and rehearsals. Fun comes from playing great music plus the opportunity to do so with old and new friends. Every summer, all of the students glow with pride as they take in the standing ovation for a performance well done.

Band #222  Entering Grade 6  10:15AM-12:15PM  $145
Orchestra #222  Entering Grades 5 & 6  10:15AM-12:15PM  $145

ADVANCED BAND & ORCHESTRA CAMP
This camp prepares students with lessons and rehearsals combined with the right balance of playing, theory, enrichment, and recreation. Every year, the audiences are amazed at the ability of these young players to perform at such a high caliber.

Band #224  Entering Grades 7 & 8  10:15AM-12:15PM  $145
Orchestra #225  Entering Grades 7 & 8  10:15AM-12:15PM  $145

FINAL CONCERT
THURSDAY EVENING • AUGUST 15
Roseville Area High School Auditorium

Roseville Area Schools Community Education
How to Register:

Mail or Walk-in:
Community Education
Fairview Community Center
1910 County Road B West
Roseville, MN 55113

Office Hours
Monday-Friday
7:30am-4:00pm

Online
Go to www.ISD623.org/youth and click on
Online Registration

Are You In?
Assume you are in the class you registered for unless
you hear from us. Persons registering online or who
provide their email address on the registration form will
receive an email confirmation.

Cancellations:
Persons registering online or who provide their email
address on the registration form will receive an email
notification in the case that a class has been canceled.

Missing Days of Camp:
If your band or orchestra student is interested in camp,
but would miss a few days due to other summer
obligations, please contact your school’s band or
orchestra teacher about options.

SCHOLARSHIPS AVAILABLE!
WE BELIEVE EVERY STUDENT SHOULD BE
ABLE TO PARTICIPATE
IN ENRICHMENT CLASSES
REGARDLESS OF ABILITY TO PAY.
CALL 651.604.3770
FOR MORE INFORMATION.

URefunds:
Refunds can only be issued if requested 1 week
prior to the start of class.
Refunds are not issued after a class has begun, nor
are they possible when classes are rescheduled due
to weather.
There is a $5 service charge on participant
initiated changes or cancellations.
Registrations via credit card will receive a credit
back to the card used.

UCare MN
UCare MN members may take a discount of up
to $15 per class. Members must be on UCare at
the time of registration and need to include their
member ID number on the registration.

Satisfaction Guaranteed
If you are satisfied with your class, let us know!
Please give us a call at 651.604.3770 if you are not
satisfied with any Enrichment class or if you have
suggestions.

Have More Questions?
Community Education
Fairview Community Center
1910 County Road B West
Roseville, MN 55113

Phone: 651.604.3770

Office Hours
7:30am-4:00pm
Monday-Friday

Visit us online at: www.ISD623.org

FAQ
STUDENT INFORMATION

Student Full Name:____________________________________________________________________________________
Address Line 1:________________________________________________________________________________________
Address Line 2:___________________________ City:_________________________________ Zip:____________________
Home Phone:____________________________________________ Grade Student entering:_____________________
 Male          Female              Birthday:_______________________
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 $__________________

Select Class:
 #220 Beginning Band                  #222 Intermediate Band                  #224 Advanced Band
 #221 Beginning Orchestra          #223 Intermediate Orchestra          #225 Advanced Orchestra

Instrument:   FLUTE      CLARINET      ALTO SAX      TRUMPET      FRENCH HORN      TROMBONE
 BARITONE      PERCUSSION      VIOLIN      VIOLA     CELLO      BASS

Part of registration cost this year includes a t-shirt. Please indicate the size your child wears.
________S (youth) ______M (youth) ______L (youth) ______S (adult) ______M (adult) ______L (adult) ______XL (adult)

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_______________________