



SUMMER JAZZ CAMP

Roseville Area High School
June 18 - July 19, 2018

Grade 8	Mon-Thurs (no camp July 4-5)	8:00AM-10:20AM	\$135
Grades 9 & 10	Mon-Thurs (no camp July 4-5)	10:30AM-12:30PM	\$135
Grades 11 & 12 +Alumni	Tues & Thurs (no camp July 5)	12:40PM-2:30PM	\$85

- Summer Jazz Camp is for students who play the trumpet, trombone, saxophone, piano, guitar, string bass, electric bass, or drums (percussion students must play drum set or mallets).
- Jazz Camp is an enrichment program designed to help students develop skills in jazz performance, interpretation and improvisation. Students will learn performance skills in a broad range of styles including swing, rock, jazz, and Latin.
- Students must have instructor approval and music reading ability and need to enroll in the grade level which they are entering.

All classes will be held in the High School

For prior approval, call Pat Moriarty at 651.604.1487



Final Concert
WEDNESDAY EVENING • JULY 18
ROSEVILLE AREA HIGH SCHOOL AUDITORIUM

EASY WAYS TO REGISTER:

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

Drop Off Registration Form at:
Roseville Area High School
Office D 129
Attn: Pat Moriarty

SUMMER JAZZ CAMP

June 18 - July 19

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: _____

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 \$ _____

Please Check which section you are registering for (grade entering):

_____ Grade 8: \$135 _____ Grade 9 & 10: \$135 _____ Grade 11-Alumni: \$85

Instrument: TRUMPET TROMBONE ALTO SAX TENOR SAX BARI SAX
 PIANO GUITAR DRUMS STRING BASS ELECTRIC 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 _____