• 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 Chris Jannings at:
christopher.jannings@isd623.org or 651.604.1487

ROSEVILLE AREA HIGH SCHOOL
1240 W. County Rd. B2, Roseville, MN 55113
August 5 - 14, 2019
Entering Grade 9 - Alumni Monday - Friday 1:00PM-4:00PM $115

EASY WAYS TO REGISTER
Mail or Drop off Registration Form to:
Roseville Area High School
1240 County Road B2 W.
Roseville, MN 55113
Attn: Chris Jannings
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: $115    _____Grade 9 & 10: $115    _____Grade 11-Alumni: $115
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_______________________