This String Quartet Camp will be a packed, intensive, and fun week where we get to dive deep into chamber music.

Every day each ensemble will have 30 minutes of each: coached rehearsal, listening together with scores, playing for another quartet’s friendly feedback, two rehearsal sessions and one chamber orchestra rehearsal where we play all together. We will also have a 30 minute history session with snacks at noon. We might also invite a guest quartet or two to perform for us.

Pat Kelly will accept seven ensembles for an intensive Chamber Music Camp at Roseville HS. Please contact her with your PREASSEMBLED Quartet (2 violins, 1 viola and 1 cello). Other ensembles are welcome but must be pre-approved by Ms. Kelly. Students will work with Ms. Kelly to pick out repertoire before the camp begins. Hopefully many of these groups will stay together through out HS and maybe beyond!

Contact Patricia Kelly at patricia.kelly@isd623.org or 651.604.1689
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: $145  ______Grade 9 & 10: $145  ______Grade 11-Alumni: $95

Instrument:   VIOLIN     VIOLA    CELLO

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_______________________