

MADCAP Jazz

Student Application 2009

Name of student _____ Age _____

Address: Street _____

City _____ Zip _____

Home phone _____ parent's e-mail: _____

Parents' work phone(s) _____ or _____

What instrument(s) does s/he play? _____

Who is his/her teacher? _____

Teacher's telephone number _____

Previous or other teachers? _____

Please list the musical activities s/he has been involved in (i.e. bands, etc.)

My child will audition at Christ Lutheran Church, 13th and Hamilton Sts. in Allentown between 6 and 8 p.m. on Sunday, June 7. _____

My child is unable to audition on June 7. I will email MADCAP Jazz Director Alex Meixner at alex@alexmeixner.com to make other arrangements. _____

Please indicate which camp your child wishes to attend:

- ♦Morning session only (for all instruments, voice and advanced strings) – 9 am to noon daily (tuition \$235) _____
- ♦Morning session plus Add-on Improv class – 9 am to 12:50 pm Monday to Thursday and 9 am to noon Friday (tuition \$275) _____
- ♦Morning session plus Add-on Improv class and Jazz University – 9 am to 3:30 pm Monday to Thursday and 9 am to noon Friday (tuition \$375) _____
- ♦Elementary/intermediate Jazz String Camp – 12:30 pm to 3:30 pm daily (tuition \$235) _____
- ♦For string players – either morning or afternoon camp depending on outcome of audition (tuition \$235) _____

Photo permission: I give permission for photographs of my child taken during MADCAP activities to be used to promote the camp's programs.

Signature _____ date _____

Each application must be accompanied by a check in the full amount of the tuition made out to "MADCAP Music Camps." Checks will be deposited only after students are accepted in June. If a student is not accepted, the check will be returned. **Please note** – there is a \$15 per week discount if the student or the student's sibling also attends another MADCAP camp.

There are no refunds after June 30.

Also please note, the teacher's recommendation may be sent separately from the student application.

Please mail to:

MADCAP Jazz, c/o Deborah Davis, 2340 W. Fairview St., Allentown, PA 18104

phone: 610-435-7220 e-mail: debbiecello@verizon.net website: www.madcapmusiccamps.org

MADCAP Jazz

Teacher Recommendation 2009

Please note: This form is confidential

Teacher's name _____ phone # _____

Teacher's e-mail _____

Where do you teach? _____

Name of student _____

How long have you taught this student? _____

Please give a brief description of this student's current level of playing.

Please give a brief, general description of this student's attitude and personality.

In your opinion, how can we make MADCAP Jazz the most worthwhile for this student?

Do you foresee any particular problems or have any other comments?

THANK YOU!

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Allentown, PA 18104**

Questions? 610-435-7220
email: debbiecello@verizon.net
website: www.madcapmusiccamps.org

check here if student has a food allergy

MADCAP Jazz 09

Emergency Information

Name of Student _____ Age _____

Address: Street _____

City _____ Zip _____

Parents' or guardians' names _____

Home phone _____ cell phone _____

Parents' work phone(s) _____ or _____

Parents' e-mail _____ or _____

Emergency contact person if parents are unavailable: _____

Phone# _____

Does this student have any health problems or concerns? Please describe.

None ____ yes: _____

Please list any medications the student is taking _____

Food allergies? _____

Name of his or her physician _____

Phone # _____

Please return with application form to:

MADCAP Music Camps

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