

**\*\* IMPORTANT INFORMATION: PLEASE READ! \*\***

**THIS FORM IS TO BE USED FOR MONEY ORDER REGISTRATIONS ONLY**

We encourage you to use website registration if at all possible: direct your browser to [www.nwbandcamps.com](http://www.nwbandcamps.com) for website registration.

2018 Tuition \$579

Final payment for either camp (including any school scholarships) must be received by May 16, 2018. If final payment has not been received by this date, your space will be given to an applicant on the waiting list. Please complete the form below and mail it with a money order for either (a) the full amount of \$579 -- or (b) a minimum \$200 deposit NOW with the balance due at the offices of Northwest Band Camp no later than May 16, or any time before. Do not wait until your child receives a school scholarship to send in the application and deposit. Money will be returned to you in a camp check for any amount you receive in a school scholarship sent to our office. For those purchasing money orders who find the \$200 deposit financially difficult, please contact the Band Camp office at 541-752-0452. T-Shirts are optional, and cost \$15 each. Indicate size on application form and add \$15 to deposit.

**– NO PERSONAL CHECKS WILL BE ACCEPTED, MONEY ORDERS ONLY WITH THIS FORM**

Please make money order payable to Northwest Band Camps, Inc. and write the student's complete name and which week he or she is attending in the memo portion of the money order. If you prefer, you may enclose a money order for the total amount with this application. Mail completed application and money order to:

NORTHWEST BAND CAMPS, INC. • P.O. Box 1611, Corvallis, OR 97339

Cancellations made before May 10 will incur a \$35 cancellation fee. Cancellations made AFTER May 10 will incur a \$150 nonrefundable cancellation fee for camp expenses up to that date. All tuition and fees will be required for campers registering after May 16.

"No Shows" receive no refund. A camper is considered a "no-show" unless Northwest Band Camps is notified of the camper's inability to attend camp AT LEAST the Thursday morning prior to camp. If certain circumstances prevent the student from attending camp, a parent must contact the Camp Office at 541-752-0452, at least 3 days before the first day of camp. No refunds will be given for campers who leave for homesickness or for disciplinary reasons. Pro-rated refunds are given for illness as advised by a doctor. We accept applications on a first-come basis until both camps are filled. If space is available, we will accept applications up to two days prior to each camp together with the full amount in a money order – not personal checks (Make a copy of completed application for your records). Both camps fill early.

# APPLICATION FORM:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname \_\_\_\_\_

Please complete this form and mail with your deposit check to the address below. If more than one child per family, please submit a separate application form for each child.

TO BE FILLED OUT BY PARENT OR GUARDIAN — PLEASE PRINT

Mail Completed Form to:  
NORTHWEST BAND CAMPS, INC. • P.O. Box 1611, Corvallis, OR 97339

Date of Application: \_\_\_\_\_ Instrument: \_\_\_\_\_

Please indicate which camp your child would prefer:

First Camp: June 17 - June 23       Second Camp: June 24 - June 30

Age \_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_

Complete Mailing Address

Street \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent or Legal Guardian \_\_\_\_\_

(H) Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ (W) Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parental Consent: I know of no mental or physical problems which may affect my child's ability to safely participate in this camp. I authorize the camp staff to attend to any injury to my child that may occur while attending camp including seeking emergency aid at the nearest hospital. I hereby release and hold harmless the Northwest Band Camps, INC, its employees, agents and assigns from any liability that may arise from my child's participation in the camp. I acknowledge that I am responsible for any and all medical expenses due to my child's illness.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Circle the grade in school to be entered in Fall 2018:    7   8   9   10   11   12

Name of School & Address \_\_\_\_\_

Name of Band Director \_\_\_\_\_

All cabin assignments will be made prior to camp. We will try to accommodate requests for roommates. **(If you request a roommate it may be necessary to share a double bunk with that roommate.)** To request a roommate, students must agree upon a secret passphrase in order to pair up roommates. Roommates must have identical matching passphrases. Fill in the name/passphrase of your requested roommate below:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Passphrase \_\_\_\_\_

**T-Shirt (Optional) \$15 Enter size \_\_\_\_\_ (Adult) S/M/L/XL - Add to deposit amount**