

**2019 McKendree University Junior High Concert Band Camp
June 3 - 6, 2019**

Participant Name: _____

Participant Instrument: _____

Current Year in School (2018-2019 Year): 5th 6th 7th 8th

Name of School and Band Director: _____

T-Shirt Size (circle): Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large Adult XL Adult XXL

Name of Parent/Guardian: _____

Parent/Guardian Contact Phone: _____

* Contact Email: _____

Please note this email address will be used for all future communications so please print legibly!

Emergency Contact Name & Phone #1: _____

Emergency Contact Name & Phone #2: _____

The total cost of the camp is \$160. A \$50 non-refundable deposit must be submitted with this application to secure a spot in the camp. The remaining \$110 is due prior to Monday, May 27, 2019. A confirmation email will be sent every Friday to those registered throughout the week, not immediately following receipt. The camp will be capped at 150 students so please register early! Make checks payable to McKendree University with band camp in the memo.

Signature of Participant

Date

Signature of Parent/Guardian

Date

Please mail to:
McKendree University
c/o Dr. Jennifer A. Moder
701 College Road
Lebanon, IL 62254