Southwestern College







NAME
STREET ADDRESS
CITY STATE ZIP
Overnight camper \$375 or Day camper \$300
□ Male □ Female
☐ I'd like to request a roommate (write name below):
T-shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL
Area of Emphasis
Please choose one only.
□ Choir □ Orchestra □ Band □ Piano
Indicate which part you sing (if you don't know, leave blank)
and what instrument(s) you play.
Voice: □ Soprano □ Alto □ Tenor □ Bass
☐ Instrument(s) (list below):
Major Elective
Rank the following from 1 to 3 based on your interest in the topic 1 indicating your top choice. Place a number on each line.
Fun with Music Theory
African Drum & Dance
Musical Theatre Voice
Minor Elective
Rank the following from 1 to 4 based on your interest in the topic
1 indicating your top choice. Place a number on each line.
Beginning Strings
Beginning Voice
Beginning Piano
Conducting/Drum Major

DATE OF BIRTH	AGE
HIGH SCHOOL	
Class of:	
PARTICIPANT'S E-MAIL	
PARTICIPANT'S PHONE	CELL/ALTERNATE
EMERGENCY CONTACT NAME(S)	RELATIONSHIP
EMERGENCY CONTACT E-MAIL	
EMERGENCY CONTACT PHONE	CELL/ALTERNATE
Number of persons in additior attend the June 13th luncheor	n to festival participant who will n:
@ \$20 each = \$	
☐ Payment Amount Enclosed:	\$
□ Please contact me about a p	ossible additional scholarship.
Payment may also be made us (620) 229-6141 or 1-800-846-1	ing credit/debit card by calling 543, ext. 6141.

Deadline for registration is May 13, 2016

Checks should be made payable to **Southwestern College.** A deposit of \$50 must accompany the completed registration form with the balance due at camp check-in. The deposit is refundable through June 1, 2016.

Mail completed registration form and deposit to:

Jessica Falk, Director of Camps & Conferences Southwestern College 100 College St. Winfield, KS 67156-2499

For more information contact Jessica at (620) 229-6141, 1-800-846-1543 ext. 6141, dir.campconf@sckans.edu, or visit

sckans.edu/musicfestival