

Singspiration 2009 Application Form

Please print off and complete form

Name _____

Address _____

City _____ Province _____ Postal code _____

Email _____ Grade as of fall 2009 _____

Circle: Male Female Date of birth (day/month/year) _____

Parent/guardian name _____

Phone (work) _____ Phone (home) _____

Emergency contact (other) _____

Phone (work) _____ Phone (home) _____

Prov. health care number _____ Province _____

Doctor's name & phone _____

Allergies and food requirements _____

Medication _____

Medical, behavioural and/or other conditions that we should be aware of:

Choral experience (circle appropriate levels):

None Unison choir Part singing Mixed choir

Part sung (if applicable):

Soprano Alto Cambiata Tenor Baritone
(changing voice)

T-shirt size: Child M L
 Adult S M L XL

Dorm Students: Bringing a guitar for guitar class? Yes No

How did you hear about Singspiration? _____

Church affiliation (optional) _____

Registration Fee: \$400
Before June 1 (subtract \$25)
After August 1 (add \$25)
If Staying in Residence: (Add \$150)

Total Registration Fee _____
GST @ 5% _____
Total _____
Less Deposit (minimum \$100) _____

Total Outstanding (see 2 below) _____

1. Fees for the residence program include registration, tuition, materials, T-shirt, a room, all meals and snacks, recreation fees and provincial room tax. Fees for the day program include registration, tuition, materials, T-shirt, lunch, snacks and recreation.
2. A \$100 deposit must accompany this application with the remainder of the fees due upon check-in. The deposit is non-refundable unless your application is refused. No monies will be refunded after August 1.
3. All cheques or money orders should be made payable to Concordia University College of Alberta. Please do not send cash through the mail. A \$20 fee will be charged for all NSF cheques. Visa and Mastercard are accepted.
4. Concordia University College of Alberta is not responsible for lost or stolen articles. Please bring only those items which are needed for the week.
5. Each participant will receive 2 free tickets to the final concert at 3pm on Saturday, August 15. Additional tickets are available for \$5 each at registration.

I give permission for Concordia University College of Alberta to use pictures containing my child's image in future promotions. (Please circle)

Yes No

I hereby acknowledge that I have read and understood the above information. In addition, I give permission for my child to participate in all extracurricular activities on and off of the Concordia campus.

Parent/ Guardian Signature _____ Date _____

Please enclose cheque **payable to Concordia University College of Alberta**

Or

Visa Mastercard (Please circle one)

Card Number: _____ Expiry Date: _____

Signature: _____

Please send application form and cheque (if applicable) to:
Singspiration
c/o Concordia University College of Alberta
7128 Ada Boulevard NW
Edmonton, AB T5B 4E4
Fax: 780.474.1933 Phone: 780.479.9313