



2019 Music for All Summer Symposium Director Registration—Residential

Ball State University, Muncie, IN • Monday, June 24, 2019 – Saturday, June 29, 2019
Leadership Weekend Experience: Saturday, June 22, 2019– Sunday, June 23, 2019



National Presenting Sponsor

CONVENTION

Please print clearly. Please mail completed form to Music for All, 39 W. Jackson Place, Suite 150, Indianapolis, IN 46225 or fax to 317.524.6200. Photocopy completed application for your records.

Registrant Information				School Information	
First Name	M.I.	Last Name	First Name for Name Badge	School Name	
Email Address (All camp information will be sent to this email address.)**				School Phone w/Area Code	
Secondary Email address				Gender:	Birthdate
Home Address				MM / DD / YYYY	
City, State, Zip				<input type="checkbox"/> Please send information on Music for All programs in addition to camp to this email address.	
Area Code/Home Phone				Area Code/Cell Phone*	
<input type="checkbox"/> *Music for All may send text message camp alerts to this cell phone. Standard text messaging rates may apply.					

Late/Change Fees and Cancellation Policy

All cancellations: Before June 1—Music for All will retain \$250 as a non-refundable deposit portion of registration fee, refunding balance paid. **After June 1**—Music for All will retain 100% of registration fee, no refunds.

\$75 Late Registration Fee applies: If an applicant registers or pays after May 20.

\$20 Change Fee applies after May 20: 1) For any roommate changes; 2) For any housing date changes; and 3) For late receipt of TBA names.

Lost, Stolen or Damaged Items: BSU imposes a penalty for lost/stolen items needing replacement including room keys, meal wrist bands and damage to BSU property. We will charge the applicant for these replacement charges. Further details will be in the Final Packet.

Payment Method – Payment MUST accompany application. Make checks payable to Music for All.



Check is enclosed. Charge Credit Card # _____ Exp _____ CVV# _____
Signature _____ Print name of cardholder _____

DEPOSIT OPTION - Automatic payment to the above credit card: Music for All is authorized to charge the balance on May 20, 2019

Payment Options Choose one:

(DISCOUNT RATE for Collegiates and teachers in their first three years of teaching. See the "Collegiate and Young Teacher" Registration Form for pricing and details.)

Super Saver Fee—Full payment postmarked on or before **January 31, 2019** (Lock in price with \$250 by Jan. 31, pay balance by May 20)\$615 = \$ _____

Early Bird Fee—Full payment postmarked on or before **March 31, 2019** (Lock in price with \$250 by March 31, pay balance by May 20)\$665 = \$ _____

Full Fee—Postmarked on or before **May 20, 2019**\$715 = \$ _____

"FREE Ride" Option One director per school attends free for every **12 students** registered from that school\$0 = \$ _____

"Tuition Free" Option—One director per school attends tuition free for every **6 students** registered from that school.....\$410 = \$ _____

Optional Additions and Upgrades (Must be Added to Full Week Fees):

Add Leadership Weekend Experience (June 22-23) SELECT HOUSING OPTION AND PRICING BELOW = \$ _____
Available only to directors enrolled in the Full Week Directors' Academy. Housing option for Leadership must match option for Full Week, you'll be housed one time.

Leadership Residence Hall – Double Room - \$260 Leadership Hotel Accommodations – Double Room \$400
 Leadership Residence Hall – Single Room - \$324 Leadership Hotel Accommodations – Single Room..... \$520

Additional Nights Housing Please check the nights you are adding (Meals provided) SELECT HOUSING OPTION AND PRICING BELOW = \$ _____

Housing Upgrade – Available for full camp week onlySELECT HOUSING OPTION AND PRICING BELOW = \$ _____
 Residence Hall – Single Room Add \$100 Hotel – Double Room Add \$225 Hotel – Single Room Add \$505

Select nights: Fri. 6/21 Sat. 6/22 Sun. 6/23
Select housing type:

<input type="checkbox"/> Residence Hall – Double Room.....\$70 x _____ # of nights = \$ _____	Select nights: <input type="checkbox"/> Sat. 6/29
<input type="checkbox"/> Residence Hall – Single Room.....\$78 x _____ # of nights = \$ _____	Select housing type:
<input type="checkbox"/> Hotel – Double Room.....\$90 x _____ # of nights = \$ _____	<input type="checkbox"/> Residence Hall – Double Room.....\$55 x _____ # of nights = \$ _____
<input type="checkbox"/> Hotel – Single Room.....\$150 x _____ # of nights = \$ _____	<input type="checkbox"/> Residence Hall – Single Room.....\$65 x _____ # of nights = \$ _____
	<input type="checkbox"/> Hotel – Double Room.....\$75 x _____ # of nights = \$ _____
	<input type="checkbox"/> Hotel – Single Room.....\$135 x _____ # of nights = \$ _____

Add Late Registration Fee (for registrations, additions or payments after May 20, 2019. Application must be postmarked by May 20 to avoid the late fee.)\$75 _____

Choose one: I want to pay the the full fee **OR** I want to pay the \$250 deposit fee TOTAL= \$ _____

Continued on Back—Registration is not complete without both sides.

Date Enrtd

ID #

Amt \$

CC/Check #

Date

Music for All 2019 Summer Symposium Director Residential Registration

Please select one: **High School Director** **Middle School Director** **Color Guard Instructor** **Percussion Specialist Academy**

Use this Director form to register for Director Workshops and the Color Guard Instructor and Percussion Specialist Academy. All classes are interchangeable and open to all enrolled teachers. The designation above is for planning and preparation of course materials.

Directors wishes to play in the Directors' Concert or Jazz Bands should bring instruments.

Roommate Preference/Housing & Meals Info—Please note start and end times and make travel plans accordingly.

Full Week Registration 8 a.m., Monday, June 24, 2019
 Opening Session 1 p.m., Monday, June 24, 2019
 Full Week Camp Ends 3 p.m., Saturday, June 29, 2019
 Leadership Registration 8 a.m., Saturday, June 22, 2019
 Leadership Opening Session 1 p.m., Saturday, June 22, 2019
 Leadership Workshop Ends 12:30 p.m., Monday, June 24, 2019

Full Week Fees include housing Monday night (6/24) through Friday night (6/28). Meals begin with dinner Monday (6/24) and end with lunch Saturday (6/29). Leadership housing includes Saturday and Sunday nights (6/22 and 6/23). Leadership meals begin with Saturday dinner (6/22) and end with Monday lunch (6/24).

Housing is on a first-come, first-served basis. Hotel housing may not be available after the May 20 deadline.

Your preferred roommate must also request you and indicate hotel upgrade. After May 20, if your preferred Roommate has not registered for the Symposium and/or requested you as his or her preferred roommate, Music for All will assign a roommate to you at random. Roommate preferences can only be considered if BOTH people request each other with their initial application, which Music for All must receive before May 20. Roommate requests are not guaranteed. Every effort is made to accommodate your choice. Maximum TWO people per room. Room and roommate assignments will not be available until on-site camp registration. Adults and students cannot be roomed together. Roommates must select the same lodging type and must arrive and depart on the same schedule. Cannot request roommate "To Be Announced." Any changes after 5/20 are subject to \$20 change fee per person.

Preferred Roommate Full Name: _____ **School, State:** _____ **Roommate Preference Email Address:** _____
Last/First

<p>Emergency Contact Information</p> <p>Emergency Contact First Last Relationship</p> <hr/> <p>Home Address City, State Zip</p> <hr/> <p>Home Phone (Area Code) Cell Phone (Area Code)</p> <p>If above not available, in an emergency contact:</p> <p>Emergency Contact First Last Relationship</p> <hr/> <p>Home Address City, State Zip</p> <hr/> <p>Home Phone (Area Code) Cell Phone (Area Code)</p> <hr/> <p>Family Physician Physician Phone (Area Code)</p>	<p>Medical History: <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Chicken Pox</p> <p> <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Measles</p> <p> <input type="checkbox"/> Heart defect/murmur <input type="checkbox"/> Surgery (past 2 years) <input type="checkbox"/> Mumps</p> <p>Last Tetanus/Diphtheria immunization date _____ <small style="margin-left: 150px;">MM / DD / YYYY</small></p> <p>Brief descriptions and dates of items checked _____</p> <p>Medications – type, dose, and frequency (list) _____</p> <p>Allergies – include allergies to medications, foods, sting, other substances (list) _____</p> <p>Physical, medical or other restrictions that would limit camp activities _____</p> <p>INSURANCE CARRIER (If you do not currently have insurance please indicate that here) _____</p> <p>Policy # _____ Group/Plan # _____</p> <p><input type="checkbox"/> COPY OF THE FRONT AND BACK OF YOUR INSURANCE POLICY CARD ATTACHED</p> <p><input type="checkbox"/> NO INSURANCE. (Participants ARE able to attend camp without insurance.)</p>
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Consent Form/Responsibility Clause (Please Fill Out Completely.)

I hereby agree to participate in the 2019 Music for All Summer Symposium listed on the front of this application. I understand that Music for All, Inc., Bands of America, Orchestra America and their respective officers, directors, agents (including Ball State University, JEN Jazz Education Network, Indianapolis Symphony Orchestra, Delaware County and their respective directors, officers, employees and agents) and employees shall not be nor later become, liable or responsible in any way in conjunction with services, for any death, injury, damage, delay or irregularity which may occur while participating in this Music for All sponsored event (the "Sponsored Event").

Also, in case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures s/he deems necessary to my welfare while participating in the Sponsored Event. It is understood that Music for All and medical personnel will make every attempt to contact my emergency contact if I am unable to make determinations concerning my treatment. In the event they cannot be reached for an emergency, I hereby give permission to the physician selected by Music for All to secure and administer such treatment(s) as may be necessary, including hospitalization. I also authorize Music for All and its agents to release copies of my medical record to hospitals and other physicians to which they are referred and to insurance companies for payment of the medical claim. A photocopy of is as valid as the original. Further, this authorization permits said physician to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for me if such emergency conditions warrant. I hereby assume and agree to pay in indebtedness or physician's or surgeon's fees and hospital charges for such service, and for any ambulance or any other emergency transportation that may be needed.

I hereby irrevocably grant to Music for All, Inc., Bands of America, Orchestra America, and their respective agents, licensees and assigns, the right to use in any and all media and in any and all forms my name, likeness, photographic prints and any video or audio reproduction of sounds, performance or appearances of me while attending the Sponsored Event, for any purpose including promotion, advertising or otherwise. I understand I will not be paid any royalty or other compensation. With the use of the rights, I hereby release Music for All, Inc. and its agents, licensees and assigns from all claims, liabilities and/or damages which now or in the future may arise from such use.

I understand that consumption or possession of alcohol in the Ball State University residence halls is prohibited. I understand that a violation of this prohibition will result in the request for my departure from the residence halls. I, the undersigned, have read, understand and accept the "Late/Change Fees and Cancellation Policy" on the front of this registration form.

Signature _____ Date _____

Print Name _____ Signature of Health Insurance policyholder _____