

2016 Summer Registration Form



STUDENT INFORMATION

Female Male
 Last name, First name _____

Home address _____ City/State/Zip _____
 E-mail address (print clearly) _____ Date of birth _____

Summer address (if different) _____ Effective dates for summer address _____
 State of legal residence (if you are U.S. citizen) _____ County (if NY State) _____ Instrument _____

Country of citizenship (If not U.S.) _____ Type of visa/expiration date _____
 Have you attended the University of Rochester or the Eastman School before? Yes No
 If "Yes," last date of attendance: _____ Name when enrolled: _____

Emergency contact person/phone/relationship _____
 Student's preferred phone Home Cell Work
 Student's alternate phone Home Cell Work
 Summer telephone number (cell) _____

Are you a permanent resident?
 Yes No
 Yes No

EDUCATIONAL HISTORY Please submit a résumé on a separate sheet.

HOUSING/MEALS WORKSHEET

If you require housing for *Summer Jazz Studies*, *Music Horizons*, or *Eastman@Keuka*, please check the box below. Otherwise, please indicate the date you plan to check in, and the date you plan to check out. Multiply the number of nights included in your stay by the daily charge of \$75 (U.S. funds). The dining plan includes breakfast, lunch, and dinner daily. If you have any special needs, please explain on a separate page.

Summer Jazz Studies (\$900)
 Music Horizons (\$1575)
 Eastman@Keuka (\$665)
 Other Program

Check-in date (after 3 p.m.) _____ Check-out date (before noon) _____ # Nights _____ × \$75/night = _____ Total (include below) _____

REGISTRATION INFORMATION

CRN #	Course #	Credits	Course title or Institute	Tuition
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
			Housing (from above)	\$ _____
Deduct financial aid and discount, if applicable. List discount(s): _____			SUBTOTAL	\$ _____
				— \$ _____
			TOTAL	\$ _____

PAYMENT INFORMATION (Does not apply to matriculated Eastman or UR students)

Your payment (U.S. funds) must be sent with this form.* Checks should be made payable to Eastman School of Music. Current Eastman School of Music students may register directly with the registrar using this form.

Check
 Visa
 MasterCard
 Discover
 \$ _____ Amount

Check # _____
 Credit card # _____
 Exp. date _____
 Security code (from back of card) _____

Name as it appears on card (please print) _____
 Signature _____

*** NOTE**
Summer Jazz Studies, Music Horizons, Eastman@Keuka, and Bonita Boyd International Flute Masterclass:
 Only the application fee is due at this time. Please DO NOT send full payment.
 If UR Waivers are applicable, please deduct the appropriate amount.

PHOTOGRAPHY, SOUND AND VIDEO RECORDING RELEASE

I, _____ (name of student), hereby consent to be photographed and recorded (sound and video) for the Eastman School of Music and Keuka College. The resulting photographs, sound and video recordings may be subsequently used without compensation to me by the Eastman School of Music, the University of Rochester, or third parties for publications (including web sites), advertising, and/or publicity purposes at the discretion of the School's Communications Office. I waive the right to inspect or approve the finished photograph and/or recording and/or publication use. This release form will be kept on file.

Signature of student (or, if student is under 18 years of age, signature of parent or guardian) _____



EASTMAN
 SCHOOL OF MUSIC
 UNIVERSITY of ROCHESTER

Required for All Students Under 18 Years of Age



PERSONAL INFORMATION

Last name, First name

Email address to be used for program notifications and billing

Mother/Guardian

Father/Guardian

Student resides with: Both parents Mother Father Other (please explain) _____

Emergency contact name (other than parent/guardian)

Relationship

Phone with area code

ADDITIONAL INFORMATION

Instrument (or voice range)

Years of study

Current grade

School /District /City

Current private teacher (if applicable)

Telephone

Email

School music teacher

Telephone

Email

Check here if you wish to be considered for a partial scholarship (*Eastman@Keuka, Music Horizons, Summer Jazz Studies* only).

HOW DID YOU HEAR ABOUT THIS PROGRAM?

Summer@Eastman website Online listing Ad *Summer@Eastman* brochure Teacher Friend Other _____

SIGNATURES

I acknowledge that the information above is correct to the best of my abilities.

Signature of student

Date

Signature of parent or guardian

Date

APPLICATION CHECKLIST

- 2016 Summer Registration Form
- Music Résumé
- Letter of recommendation: *Summer Jazz Studies, Music Horizons* or Recommendation Form: *Eastman@Keuka*.
- Audition recording: *Jazz Studies, Music Horizons, Bonita Boyd International Flute Masterclass* (optional for *Eastman@Keuka*)

APPLICATION PAYMENT

Music Horizons, and Summer Jazz Studies:

- \$50 nonrefundable application fee if the complete application is postmarked by April 1, 2016
- \$100 nonrefundable application fee if the complete application is postmarked by April 30, 2016
- Incomplete applications and those postmarked after April 30, 2016 will not be reviewed.

Eastman@Keuka:

- \$25 nonrefundable application fee if the complete application is postmarked by April 1, 2016; \$75 thereafter.

Bonita Boyd International Flute Masterclass:

- \$25 nonrefundable application fee if the complete application is postmarked by May 1, 2016; \$50 thereafter (performers only).

All other programs: Full tuition due with application

APPLICATION DEADLINES

- Applications for all students in Institutes and Collegiate Courses must be postmarked by June 1, 2016.
- Applications for *Eastman@Keuka, Music Horizons, and Summer Jazz Studies* must be postmarked by April 1, 2016 to qualify for reduced application fee.
- For *American Saxophone Academy, Saxophone Institute, Classical Music on the Spot, NewBassoon Workshop, and Bonita Boyd International Flute Masterclass*, please visit summer.esm.rochester.edu for program details.

SEND FORM, SUPPORTING MATERIALS & PAYMENT TO:

Summer@Eastman Office
Eastman School of Music
26 Gibbs Street, Box 36
Rochester, NY 14604-2599

Email mp3 files or YouTube links at:

summer@esm.rochester.edu

(if requested by program's application checklist)

FOR OFFICE USE ONLY

Date received _____ Amount received _____
ID # _____ Date approved _____
Notification date _____