

2019 Summer Registration Form



**SUMMER
@EASTMAN**

STUDENT INFORMATION

_____ ☐ Female ☐ Male ☐ _____
Last name, First name

_____ ☐ Home ☐ Cell ☐ Work
Emergency contact person/phone/relationship
()

_____ ☐ Home ☐ Cell ☐ Work
Student's preferred phone

_____ ☐ _____
Contact number while on campus

_____ ☐ _____
Summer telephone number

_____ ☐ _____
Effective dates for summer address

_____ ☐ _____
Instrument

_____ ☐ Yes ☐ No
Are you a permanent resident?

_____ ☐ Yes ☐ No
Type of visa/expiration date

_____ ☐ Yes ☐ No
Have you attended the University of Rochester or the Eastman School before?

_____ ☐ Yes ☐ No
If "Yes," last date of attendance: ____/____/____ Name when enrolled: _____

HOUSING/MEALS WORKSHEET

Please indicate the dates you plan to check-in and check-out. Multiply the number of nights included in your stay by the daily charge of **\$81 USD**. The daily housing charge includes three meals. Check-in is available after 12 PM; check-out must be completed by 10 AM. If you have any special needs, please explain on a separate page.

____/____/____ ____/____/____ _____ × _____ = _____
Check-in date Check-out date # Nights Rate Total (include below)

REGISTRATION INFORMATION

CRN #	Course #	Credits	Course or Institute title	Tuition
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Housing (from above) \$ _____

Deduct discount, if applicable.
Check discount(s):
☐ Current Eastman student? Deduct \$100 if registering for a noncredit institute
☐ Eastman alumnus/alumna? Deduct \$100 (does not apply to family members)

SUBTOTAL \$ _____
— \$ _____
TOTAL \$ _____

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

Once you have submitted your registration form, an email will be sent to you giving you an University of Rochester ID number allowing you to pay online with a credit card. If you are paying by check or purchase order from your employer, please mail payment to:

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

Please make checks / purchase orders payable to: **Eastman School of Music**

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. 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. ☐ Opt-in ☐ Opt-out



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HOW DID YOU HEAR ABOUT THIS PROGRAM?

- ☐ Summer@Eastman website
 ☐ Summer@Eastman brochure
 ☐ Summer@Eastman newsletter
 ☐ Summer@Eastman Facebook page
☐ Online listing, please specify website _____ ☐ Print ad, please specify source _____
☐ Email, please specify sender _____ ☐ Camp fair, please specify _____

Recommended by (please check one):

- ☐ School teacher
 ☐ Private music teacher
 ☐ Eastman student
 ☐ ECMS student
 ☐ Previous Summer student
☐ Other, please specify _____

SIGNATURES

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

_____ /_____/_____
 Student typed signature Date Parent or guardian typed signature (if student is under age 18) Date

APPLICATION CHECKLIST

- Fill out registration form and upload to: <https://summer.esm.rochester.edu/dropbox/>
- Upload copy of your music résumé
- Students under 18 years old please upload additional forms:
 - Medical Authorization Form
 - Permission Form
 - Code of Conduct
 - Extended Campus Form

APPLICATION DEADLINES

- Full application and payment (including tuition and housing) are due on **May 15, 2019**.

Additional Information for Students Under 18 Years of Age

Last name, First name _____		Parent/Guardian email address to be used for program notifications & billing _____	
Mother/Guardian _____	(_____) _____ Preferred phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	(_____) _____ Alternate phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Father/Guardian _____	(_____) _____ Preferred phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	(_____) _____ Alternate phone <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Student resides with: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please explain) _____			
Emergency contact name (other than parent/guardian) _____	Relationship _____	(_____) _____ Phone with area code	
Instrument (or voice range) _____	Years of study _____	Current grade _____	School /District /City _____
Current private teacher (if applicable) _____	(_____) _____ Telephone	Email _____	
School music teacher _____	(_____) _____ Telephone	Email _____	



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SCHOOL OF MUSIC
UNIVERSITY of ROCHESTER