



Student Registration

Illinois State University, Normal, IL • Monday, June 22, 1 p.m. - Saturday, June 27, 3 p.m.
Leadership Weekend Experience: Saturday, June 20, 10 a.m. - Monday, June 22, 10:30 a.m.



2009 MUSIC FOR ALL SUMMER SYMPOSIUM

This form must be postmarked by May 18, 2009 to register without a late fee. Photocopy completed application for your records.

Student Information-Please print.				School Information	
First Name _____	M.I. _____	Last Name _____	First Name for Name Badge _____	School Name _____	
E-mail address _____				School Street Address _____	
Secondary E-mail address _____				City, State, Zip _____	
Home Address _____				Band or Orchestra Director (Is this director the primary Director at the school listed above?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip _____				Band or Orchestra Director E-mail address _____	
Area Code/Home Phone _____		Area Code/Cell Phone _____		School Phone w/Area Code _____	
Student is: <input type="checkbox"/> Male <input type="checkbox"/> Female Birthdate _____				Year of H.S. graduation: <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	
T-Shirt Size (Adult Men's Sizes): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL					

Housing Information—Please note start and end times and make travel plans accordingly.	
Registration, Leadership Weekend 8 a.m., Saturday, June 20, 2009 Registration, Full Week 8 a.m., Monday, June 22, 2009 Placement hearings 8 a.m., Monday, June 22, 2009 <i>(Concert, Jazz, Percussion, Color Guard, Orchestra Only; No hearings in other areas.)</i> Opening Session 1 p.m., Monday, June 22, 2009 Camp Ends 3 p.m., Saturday, June 27, 2009	Full Week Fees include housing Monday night, 6/22 through Friday night, 6/26. Leadership housing includes Saturday and Sunday night (6/20 & 6/21). Full Week meals begin with dinner Monday and end with lunch Saturday (6/27). Leadership meals begin with lunch Saturday (6/20) and end with Monday lunch. Supervision is provided beginning at 6 p.m., Sunday, June 21 for full week, and 6 p.m., Friday, June 19 for Leadership Weekend.

Late/Change Fees and Cancellation Policy	
<ul style="list-style-type: none"> • ALL cancellations: Before June 1—Music for All will keep \$300 as a non-refundable deposit portion of registration fee, refunding balance paid. After June 1—Music for All will keep 100% of registration fee, no refunds. • \$65 Late Registration Fee applies: If an applicant registers or pays after May 18. • \$40 Change Fee applies after May 18: 1) For any roommate changes; 2) For any housing date changes; and 3) For late receipt of TBA names. 	<ul style="list-style-type: none"> • Lost, Stolen or Damaged Items: ISU imposes a penalty for lost/stolen items needing replacement including room keys, meal wrist bands and damage to ISU property. We will charge the applicant for these replacement charges. Further details will be in the Final Packet. • NOTE FOR DIRECTORS: You can reserve spots for applicants "To Be Announced" in advance. HOWEVER you must provide names for the TBA spots by May 18, 2009, or a \$40 change fee per application will apply.

Payment Method - Payment MUST accompany application.	
<input type="checkbox"/> Check is enclosed. Make checks payable to Music for All.	
<input type="checkbox"/> Charge Visa/Mastercard/Discover/American Express # _____ Exp _____	
Signature _____	Print name of cardholder _____

Payment Options - Payment MUST accompany application.	
Choose one:	
<input type="checkbox"/> Past Participant Fee —Available for all applicants - Full payment postmarked on or before January 16, 2009	\$489 = \$ _____
<input type="checkbox"/> Early Bird Fee —Full payment postmarked on or before March 31, 2009 . No deposit option available.....	\$519 = \$ _____
<input type="checkbox"/> Full Fee —Postmarked on or before May 18, 2009	\$589 = \$ _____
<input type="checkbox"/> Deposit Option —Non-refundable deposit postmarked on or before March 31, 2009	\$300 = \$ _____
Full Fee balance of \$289 due before May 18, 2009 , or add \$65 late fee.	
<input type="checkbox"/> Early Bird Commuter Option —No housing. Includes lunch & dinner (no breakfast), Mon. dinner through Sat. lunch.	\$399 = \$ _____
Full payment postmarked on or before March 31, 2009 . No deposit option available.	
<input type="checkbox"/> Commuter Full Fee Option —No housing. Includes lunch & dinner (no breakfast), starting Mon. dinner through Sat lunch.	\$449 = \$ _____
Full payment postmarked on or before May 18, 2009 (after May 18, add \$60 late fee below). No deposit option available.	
<input type="checkbox"/> Leadership Preview Weekend ONLY (June 20-21) For those NOT enrolled in Full Symposium Week.....	\$369 = \$ _____
<input type="checkbox"/> Leadership Weekend Commuter Option ONLY (June 20-21) For those NOT enrolled in Full Symposium Week.....	\$319 = \$ _____
No housing, Includes lunch & dinner (no breakfast)	

Additions: (Must be Added to Full Week)	
<input type="checkbox"/> Early Bird Student Leadership Weekend Experience (June 20-21) Payment due on or before March 31, 2009.....	\$225 = \$ _____
<input type="checkbox"/> Early Bird Student Leadership Weekend Experience Commuter Option (June 20-21) Full Payment due on or before March 31, 2009.....	\$205 = \$ _____
<input type="checkbox"/> Student Leadership Weekend Experience (June 20-21) Full Payment due on or before May 18, 2009.....	\$245 = \$ _____
<input type="checkbox"/> Student Leadership Weekend Experience Commuter Option (June 20-21) Full Payment due on or before May 18, 2009.....	\$225 = \$ _____
<input type="checkbox"/> Additional Nights Housing (For registered participants only, for travel purposes, select all needed)	
<input type="checkbox"/> Friday, June 19, 2009 (Available to leadership student participants only, no charge if reserved by May 18).....	\$25 = \$ _____
<input type="checkbox"/> Sunday, June 21, 2009 (Sunday night housing is included in the Leadership Fee for Leadership Weekend students) others:	\$25 = \$ _____
<input type="checkbox"/> Saturday, June 27, 2009.....	\$25 = \$ _____
<input type="checkbox"/> Add: Late Registration Fee (for registrations or payments after May 18, 2009.....	\$65 = \$ _____
TOTAL = \$ _____	

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

Date Entr'd

ID #

Amt \$

CC/Check #

Date

Convention

Music for All 2009 Summer Symposium Student Registration

Parent/Guardian Information (in case of emergency)			
Parent/Guardian	First	Last	Relationship
Home Address		City, State	Zip
Home Phone (Area Code)		Work or Cell Phone (Area Code)	
Parent Email address (can include more than one)			
Second Parent/Guardian	First	Last	Relationship
Home Address		City, State	Zip
Home Phone (Area Code)		Work or Cell Phone (Area Code)	
If above not available, in an emergency, contact:			
Emergency Contact	First	Last	Relationship
Home Address		City, State	Zip
Home Phone (Area Code)		Work or Cell Phone (Area Code)	

MEDICAL HISTORY: <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding disorder <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Diabetes <input type="checkbox"/> Asthma <input type="checkbox"/> Measles <input type="checkbox"/> Heart defect/murmur <input type="checkbox"/> Surgery (past 2 years) <input type="checkbox"/> Mumps	Last Tetanus/Diphtheria immunization date _____ <div style="text-align: right;">MM / DD / YYYY</div>
Brief descriptions and dates of items checked _____	
Medications – type, dose, and frequency (list) _____	
Allergies – include allergies to medications, foods, sting, other substances (list) _____	
Physical, medical or other restrictions that would limit camp activities _____	
INSURANCE CARRIER	
Policy # _____	Group/Plan # _____
Family Physician _____ Physician Phone (Area Code) _____	
<input type="checkbox"/> COPY OF THE FRONT AND BACK OF YOUR INSURANCE POLICY CARD ATTACHED <input type="checkbox"/> NO INSURANCE. (Students ARE able to attend camp without insurance.)	

Roommate Preference	
Roommate preferences can only be considered if BOTH people request each other with their initial application. Roommate requests are not guaranteed. Maximum TWO people per room. Room and roommate assignments will not be available until camp registration. Adults and students cannot be roomed together. You cannot request roommate "To Be Announced." You and your requested roommate must have the same housing dates in order to be considered.	
Roommate Preference Full Name _____	School, State _____

Area of Study: Select Only One	
<input type="checkbox"/> Leadership Preview Weekend Only <input type="checkbox"/> George N. Parks Drum Major Academy <input type="checkbox"/> Color Guard <input type="checkbox"/> Flag <input type="checkbox"/> Rifle <input type="checkbox"/> Sabre <i>(Choose only ONE)</i> <input type="checkbox"/> * Mac User <small>Check here if you are a Mac computer user. We will then send a USB micro-phone adapter with your SmartMusic® installation disk. (If applicable)</small>	<input type="checkbox"/> Orchestra* <input type="checkbox"/> Violin <input type="checkbox"/> Viola <input type="checkbox"/> Cello <input type="checkbox"/> Double Bass <input type="checkbox"/> Concert Band* <input type="checkbox"/> Flute <input type="checkbox"/> Oboe <input type="checkbox"/> Bassoon <input type="checkbox"/> Clarinet <input type="checkbox"/> Bass clarinet <input type="checkbox"/> Alto saxophone <input type="checkbox"/> Tenor saxophone <input type="checkbox"/> Baritone saxophone <input type="checkbox"/> Trumpet <input type="checkbox"/> French Horn <input type="checkbox"/> Trombone <input type="checkbox"/> Bass Trombone <input type="checkbox"/> Euphonium <input type="checkbox"/> Tuba
<input type="checkbox"/> Jazz Band* <input type="checkbox"/> Alto saxophone <input type="checkbox"/> Tenor saxophone <input type="checkbox"/> Baritone saxophone <input type="checkbox"/> Trumpet <input type="checkbox"/> Trombone <input type="checkbox"/> Bass Trombone <input type="checkbox"/> Piano/keyboard <input type="checkbox"/> Guitar <input type="checkbox"/> Acoustic Bass/Bass guitar <input type="checkbox"/> Drum Set - Two students are assigned to each jazz band by audition. Remaining drumset students are assigned to developmental classes.	<input type="checkbox"/> Marching Band <input type="checkbox"/> Piccolo <input type="checkbox"/> Flute <input type="checkbox"/> Clarinet <input type="checkbox"/> Alto saxophone <input type="checkbox"/> Tenor saxophone <input type="checkbox"/> Baritone saxophone <input type="checkbox"/> Trumpet <input type="checkbox"/> Mellophone/F. Horn <input type="checkbox"/> Baritone/Euphonium <input type="checkbox"/> Trombone <input type="checkbox"/> Tuba/sousaphone
<input type="checkbox"/> National Percussion Symposium <input type="checkbox"/> Percussion Ensemble <i>Includes Concert and "Pit" percussion.</i> <input type="checkbox"/> Marching Percussion <i>My instrument is:</i> <input type="checkbox"/> Snare <input type="checkbox"/> Multi-Toms <input type="checkbox"/> Bass Drum <input type="checkbox"/> Cymbals <i>Marching Percussion is NOT part of the Marching Band Track. Drum set students, see Jazz Band area</i>	

Parental Consent Form/Responsibility Clause – Please Read Carefully and Fill Out Completely.

I hereby give permission for _____ to participate in the 2009 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 Illinois State University, Community Unit School District No. 5, McLean and Woodford Counties, Illinois, National Easter Seals, Easter Seals Peoria-Bloomington, Jazz Education Network, Barrage 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 the welfare of this applicant while participating in the Sponsored Event. I hereby give permission to the Music for All and Bands of America nursing staff to observe students self-administering prescription medication and non-prescription medication during the sponsored event. It is understood that Music for All and medical personnel will make every attempt to contact parents, guardians or relatives listed above prior to taking any such actions, but in the event I or 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, for my child as named above and while attending the Sponsored Event. I also authorize Music for All and its agents to release copies of my son/daughter's medical record to hospitals and other physicians to which they are referred and to insurance companies for payment of a medical claim. A photocopy of is as valid as the original.

Further, this authorization permits said physician and medical professionals to hospitalize, secure appropriate consultation, order injections, anesthesia (local, general or both) or surgery for this applicant if such emergency conditions warrant. The undersigned does hereby assume and agree to pay any 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. **Music for All requires a written report of a physical examination performed within the preceding 36 months of the camp by a qualified physician, registered nurse or other person recognized by law to undertake that responsibility.** This report must be available upon demand from Music for All officials.

We 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 this applicant's name, likeness, photographic prints and any reproduction of their sounds, performance or appearance 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, we hereby waive and release Music for All, Inc., Bands of America, Orchestra America and their respective agents, licensees and assigns from all claims, liabilities and/or damages which now or in the future may arise from such use.

For students who have selected the **commuter** option, Music for All and the other entities named herein **will not be held responsible for these students prior to their arrival each day or after the period beginning fifteen minutes after the end of the evening concert or final student event of each day.**

We acknowledge that the minor/applicant is **responsible for the safety and security of his or her musical instruments, equipment and personal belongings** and for loss or damage arising from mischievous acts, vandalism, theft or other causes. We the undersigned understand that the Sponsored Events are a smoke free and drug-free environment and that consumption of alcohol or unlawful drugs or the smoking of any substance is prohibited and will be grounds for immediate dismissal from the program without refund. If a serious problem of misbehavior of the minor should arise and in the judgment of the Music for All officials the minor should be sent home before the end of the Sponsored Events, we authorize Music for All to take such action. **I, the undersigned, have read, understand and accept the "Late/Change Fees and Cancellation Policy" on the front of this registration form and the foregoing statements and policies.**

Signature _____ Date _____ Relation to Student _____

Signature of Health Insurance policyholder _____



Director Registration

Illinois State University, Normal, IL • Monday, June 22, 1 p.m. - Saturday, June 27, 3 p.m.
Leadership Weekend Experience: Saturday, June 20, 10 a.m. - Monday, June 22, 10:30 a.m.



2009 MUSIC FOR ALL SUMMER SYMPOSIUM

This form must be postmarked by **May 18, 2009** to register without a late fee. Photocopy completed application for your records.

Applicant Information-Please print.

School Information

First Name _____ M.I. _____ Last Name _____ First Name for Name Badge _____

Primary E-mail address _____

Secondary E-mail address _____

Home Address _____

City, State, Zip _____

Area Code/Home Phone _____ Area Code/FAX # _____

School Name _____

School Street Address _____

City _____ State _____ Zip _____

Primary Director Contact Name at this School (if different than yourself) _____

Area Code/ School Phone # _____ Area Code/ Cell Phone # _____

Applicant is: Male Female Birthdate _____

T-Shirt Size (Adult Men's Sizes): S M L XL XXL

Late/Change Fees and Cancellation Policy

• **ALL cancellations: Before June 1**—Music for All will keep \$400 non-refundable deposit portion of registration fee, refunding balance paid. **After June 1**—Music for All will keep 100% of registration fee, no refunds.

• **Lost or Stolen Items:** ISU imposes a penalty for lost/stolen items needing replacement including room keys and meals cards. We will charge the applicant for these replacement charges. Further details will be in the Final Packet.

• **\$65 Late Registration Fee applies:** If an applicant registers after May 18.

• **\$40 Change Fee applies after May 18:** 1) For any roommate changes; 2) For any housing date changes; and 3) For late receipt of TBA names.

Payment Method - Payment MUST accompany application.

Check is enclosed. **Make checks payable to Music for All.**

Charge Visa/Mastercard/Discover/American Express # _____ Exp _____

Signature _____ Print name of cardholder _____

Payment Options - Payment must accompany application.

Full Symposium Week (Choose one)

- Past Participant Fee**—Available for all applicants - Full payment postmarked on or before **January 16, 2009**..... \$669=\$ _____
- Early Bird Fee**—Full payment postmarked on or before **March 31, 2009**. No deposit option available \$699=\$ _____
- Full Fee**—Postmarked on or before **May 18, 2009** \$849=\$ _____
- Deposit Option**—Non-refundable deposit postmarked on or before **March 31, 2009**
Full Fee balance of \$449 due before **May 18, 2009**, or add \$65 late fee. \$400=\$ _____
- "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 \$459=\$ _____
- Early Bird Commuter Option**—No housing. Includes lunch & dinner (no breakfast), Mon. dinner through Sat lunch. \$569=\$ _____
Full payment postmarked on or before **March 31, 2009**. No deposit option available.
- Commuter Option**—No housing. Includes lunch & dinner (no breakfast), starting Mon. dinner through Sat lunch. \$699=\$ _____
Full payment postmarked on or before **May 18, 2009**. No deposit option available
- Commuter "Tuition Free" Option**—One director per school attends tuition free for every **6 students** registered from that school..... \$299=\$ _____
No housing. Includes lunch & dinner (no breakfast), starting Mon. dinner through Sat lunch. Full payment postmarked on or before **May 18, 2009**. No deposit option available.

Add Leadership Weekend Experience (June 20-21)

Available only to directors enrolling in the full week of camp

- Leadership Commuter Option = \$239
- Leadership Dorm - Double Room = \$259
- Leadership Dorm - Single Room = \$299
- Leadership Hotel - Double Room = \$369
- Leadership Hotel - Single Room = \$469

Additional Nights Housing

Please check the nights you are adding (Meals are not provided):

- Fri. 6/19 Sat. 6/20 Sun. 6/21 Sat. 6/27
- Dorm - Double Room = \$25 x _____ # of nights = \$ _____
- Dorm - Single Room = \$42 x _____ # of nights = \$ _____
- Hotel - Double Room = \$59 x _____ # of nights = \$ _____
- Hotel - Single Room = \$109 x _____ # of nights = \$ _____

Housing Upgrades

CAMP WEEK ONLY

- Dorm - Single Room = Add \$87
- Hotel - Double Room = Add \$189
- Hotel - Single Room = Add \$439

Add Leadership Weekend Options + \$ _____

Additional Nights Housing Total + \$ _____

Add Housing Upgrade Amount..... + \$ _____

Late Registration Fee (for registrations after 5/18/09) \$65 = \$ _____

GRAND TOTAL = \$ _____

Directors interested in course credit may pay the \$30 application fee on site to the ISU Registrar.

Please mail completed form to: Music for All, 39 W. Jackson Place, Suite 150, Indianapolis, Indiana, 46225 or Fax to: 317.524.6200

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

Date Entr'd

ID #

Amt \$

CC/Check #

Date

Convention

Music for All 2009 Summer Symposium Director Registration

Please select one: **High School Director** **Middle School Director** **Color Guard Instructor** **Drum Instructor**

Use this Director form to register for Director Workshops, Colorguard Instructor Academy and Drum Instructor Academy. All classes are interchangeable and open to all enrolled teachers. The designation above is for planning and preparation of course materials.

Director Reading Band Participation: "I plan to participate in the" (choose one): **Concert Band** **Jazz Band** **I will not participate**

"Instrument(s) I will play" (bring with you!) _____

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

Registration 8 a.m., Monday, June 22, 2009
 Opening Session..... 1 p.m., Monday, June 22, 2009
 Camp Ends 3 p.m., Saturday, June 27, 2009

Full Week Fees include housing Monday night, 6/22 through Friday night, 6/26. Meals begin with dinner Monday and end with lunch Saturday (6/27). Leadership housing includes Saturday and Sunday night (6/20 & 6/21). Leadership meals begin with Saturday lunch and end with Monday lunch.

Leadership Registration 8 a.m., Saturday, June 20, 2009
 Leadership Opening Session 10 a.m., Saturday, June 20, 2009
 Leadership Workshop Ends 10 a.m., Monday, June 22, 2009

Housing is on a first-come, first-served basis. Hotel housing may not be available after the May 18 deadline.

Your preferred Roommate must also request you and indicate Hotel upgrade. After May 18, if your preferred Roommate has not registered for the Symposium and/or requested you as 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 18th. 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 camp registration. Adults and students cannot be roomed together. Cannot request Roommate "To Be Announced."

Roommate Preference Full Name _____ School, State _____

Emergency Contact Information

Emergency Contact	First	Last	Relationship
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Home Address	City, State	Zip
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Home Phone (Area Code)	Work or Cell Phone (Area Code)
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If above not available, in an emergency contact:

Emergency Contact	First	Last	Relationship
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Home Address	City, State	Zip
--------------	-------------	-----

Home Phone (Area Code)	Work or Cell Phone (Area Code)
------------------------	--------------------------------

Family Physician	Physician Phone (Area Code)
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MEDICAL HISTORY: Convulsions Bleeding disorder Chicken Pox
 Diabetes Asthma Measles
 Heart defect/murmur Surgery (past 2 years) Mumps

Last Tetanus/Diphtheria immunization date _____
 MM / DD / YYYY

Brief descriptions and dates of items checked _____

Medications – type, dose, and frequency (list) _____

Allergies – include allergies to medications, foods, sting, other substances (list) _____

Physical, medical or other restrictions that would limit camp activities _____

INSURANCE CARRIER (If you do not currently have insurance please indicate that here)

Policy #	Group/Plan #
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- COPY OF THE FRONT AND BACK OF YOUR INSURANCE POLICY CARD ATTACHED**
 NO INSURANCE. (Participants ARE able to attend camp without insurance.)

Consent Form/Responsibility Clause (Please Fill Out Completely.)

I hereby agree to participate in the 2009 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 directors, agents (including Illinois State University, Community Unit School District No. 5, McLean and Woodford Counties, Illinois, National Easter Seals, Easter Seals Peoria-Bloomington 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 Illinois 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 _____

Signature of Health Insurance policyholder _____



Collegiate Registration

Illinois State University, Normal, IL • Monday, June 22, 1 p.m. - Saturday, June 27, 3 p.m.

Leadership Weekend Experience: Saturday, June 20, 10 a.m. - Monday, June 22, 10:30 a.m.



2009 MUSIC FOR ALL SUMMER SYMPOSIUM

This form must be postmarked by **May 18, 2009** to register without a late fee. Photocopy completed application for your records.

Applicant Information-Please print.

First Name _____ M.I. _____ Last Name _____ First Name for Name Badge _____

Primary E-mail address _____

Secondary E-mail address _____

Home Address _____

City, State, Zip _____

Area Code/Home Phone _____ Area Code/FAX # _____

School Information

College/University Name _____

School Street Address _____

City _____ State _____ Zip _____

College Band/Orchestra Director(s) Name/Title _____

Area Code/ School Phone # _____ Area Code/ School FAX # _____

Applicant is: Male Female Birthdate _____

T-Shirt Size (adult cut): S M L XL XXL

Late/Change Fees and Cancellation Policy

• **ALL cancellations: Before June 1**—Music for All will keep \$300 non-refundable deposit portion of registration fee, refunding balance paid. **After June 1**—Music for All will keep 100% of registration fee, no refunds.

• **Lost or Stolen Items:** ISU imposes a penalty for lost/stolen items needing replacement including room keys and meals cards. We will charge the applicant for these replacement charges. Further details will be in the Final Packet.

• **\$65 Late Registration Fee applies:** If an applicant registers after May 18.

• **\$40 Change Fee applies after May 18:** 1) For any roommate changes; 2) For any housing date changes; and 3) For late receipt of TBA names.

Payment Method - Payment MUST accompany application.

Check is enclosed. **Make checks payable to Music for All.**

Charge Visa/Mastercard/Discover/American Express # _____ Exp _____

Signature _____ Print name of cardholder _____

Payment Options (choose one) Payment must accompany application.

Early Bird Fee—Full payment postmarked on or before **March 31, 2009** (No deposit option available). \$609=\$ _____

Full Fee—Postmarked on or before **May 18, 2009** \$639=\$ _____

Deposit Option—Non-refundable deposit postmarked on or before **March 31, 2009** \$300=\$ _____
Full Fee only; balance due on or before **May 18, 2009**, or add \$60 late fee.

Early Bird Commuter Option—No housing. Includes lunch & dinner (no breakfast), Mon. dinner through Sat lunch..... \$449=\$ _____
Full payment postmarked on or before **March 31, 2009**. No deposit option available.

Commuter Option—No housing. Includes lunch & dinner (no breakfast), starting Mon. dinner through Sat lunch. \$509=\$ _____
Full payment postmarked on or before **May 18, 2009**. No deposit option available.

OR: Leadership Preview Weekend ONLY (June 20-21) For those **NOT** enrolled in Full Symposium Week \$359=\$ _____

Add: Student Leadership Weekend Observation (June 20-21) to Full Symposium Week \$239=\$ _____

Additional Nights Housing (For registered participants only, for travel purposes, select all needed)

Friday, June 19, 2009 (Available to leadership student participants only, **no charge** if reserved by May 18) \$25=\$ _____

Sunday, June 21, 2009 – (Sunday night housing is included in the Leadership Fee for Leadership Weekend students) others: \$25=\$ _____

Saturday, June 27, 2009 \$25=\$ _____

Late Registration Fee (see conditions above) \$65=\$ _____

GRAND TOTAL = \$ _____

Please mail completed form to: Music for All, 39 W. Jackson Place, Suite 150, Indianapolis, Indiana, 46225 or Fax to: 317.524.6200

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

Date Entr'd

ID #

Amt \$

CC/Check #

Date

Convention

