

ALBERTA SOCIETY of FIDDLERS --- FIDDLE, KEYBOARD, GUITAR, QUILTING CAMP
INDIVIDUAL or FAMILY REGISTRATION FORM

Deer Valley Meadows AUGUST 14 - 19, 2016

Register by the names you wish to have printed on your name tags and the participant list.
This page is a summary page only. PAGE 2, or the back of this form MUST BE COMPLETED IN FULL.

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| <p style="text-align: center;"><u>CLASSES OFFERED:</u> <u>DEER VALLEY MEADOWS August 14-19, 2016</u></p> <p>FIDDLE: Pre-Beginner* Novice** Intermediate Advanced KEYBOARD: Intermediate GUITAR: Novice/Intermediate QUILTING:</p> |
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* Pre-Beginner Fiddle - Minimum age 14 - Minimum class size 4. No previous experience - suitable sized fiddle required
** Novice fiddle - need to know three easy tunes.
Minimum of 5 students required for each class. Keyboard students must know basic chords in 3 keys, and have a keyboard with at least 61 full-sized keys. Guitar/ mandolin students need to know three chords (D,G,A) in the key of D to enable them to accompany fiddle players.
Quilting Class limited to 9 students.

FEES: **ALL STUDENTS: \$450.00 ea**

GUESTS: 6 yrs and under: **\$155.00 ea** 7 yrs-14 yrs: **\$280.00 ea**
(Non students/ Spouses/Chaperones) 15 yrs and over: **\$305.00 ea.**

REGISTRATION SUMMARY

(PAGE 2 or back of this form MUST BE COMPLETED IN FULL)

ADULT: INDIVIDUAL or PARENT (If the parent/ chaperone is also a student please indicate the class requested)

Name: _____ m. ___ f. ___ Student: ___ Chaperone: ___ ^{Age if} under 18: ___
List "Guest" or
Class requested: _____ Alta. Health Care #: _____ Fee: _____

FAMILY MEMBERS (If a child is in the care of a chaperone who is not a family member please complete the "Name Of Parent/ Chaperone" section on page 2)

Name: _____ m. ___ f. ___ Adult: ___ Child: ___ ^{Age if} under 18: ___
List "Guest" or
Class requested: _____ Alta. Health Care #: _____ Fee: _____

Name: _____ m. ___ f. ___ Adult: ___ Child: ___ ^{Age if} under 18: ___
List "Guest" or
Class requested: _____ Alta. Health Care #: _____ Fee: _____

Name: _____ m. ___ f. ___ Adult: ___ Child: ___ ^{Age if} under 18: ___
List "Guest" or
Class requested: _____ Alta. Health Care #: _____ Fee: _____

Permission Form (FOIP)

Photographs and recordings of attendees at this music camp may be used for publication in the ASF Newsletter, on the website, or for non-profit purposes. Please confirm your agreement as stated above by checking the appropriate box below. Please print your name and sign below

() Yes, Please include me () No, I do not wish to participate

Name _____ Date _____

Signature _____

INDIVIDUAL, HOME or FAMILY ADDRESS

Name: _____ Res. Phone# _____

Address: _____ Work # _____

_____ Fax # _____

_____ E-mail _____

Emergency Contact & Ph. No. _____

MEDICAL CONDITION WHICH MAY REQUIRE SPECIAL ATTENTION (E.G. ALLERGIES, DIABETES, ETC.)

Name: _____

Name: _____

Special diet considerations:

NAME OF PARENT/ CHAPERONE*: (Mandatory for students under 18) _____

Address: If different from family address: _____ Phone# _____

_____ Work # _____

_____ Fax # _____

_____ E-mail _____

* I fully understand my responsibility as a chaperone at ASF camps.

Name: _____ Signature: _____ Date: _____

(Please print)

PAYMENT SUMMARY

ALL STUDENTS:..... @ \$450.00 ea: \$ _____

GUESTS:..... 6 yrs and under @ \$155.00 ea: \$ _____

(Non students/Spouses/Chaperones:)

7 yrs-14 yrs @ \$280.00 ea \$ _____

15 yrs and over @ \$305.00 ea. \$ _____

SUB TOTAL: \$ _____

(Subtract) Deposit*: @ \$100.00 ea. <\$ _____ >

BALANCE OWING: \$ _____

MAKE ALL CHEQUES PAYABLE TO: ALBERTA SOCIETY OF FIDDLERS

*** TOTAL DEPOSIT MUST BE INCLUDED WITH APPLICATION**

Indicate accommodation required: Dorm _____ RV/Camping _____

Please send completed application form (Pages 1 & 2) and **\$100.00 deposit** for each registrant as soon as possible to: **Troy Gates, 17-55326 Range Road 223 Sturgeon County, AB T8L 5B2**

If you have any questions contact Troy Gates at 780-998-4817 or email: troybgates@hotmail.com

REGISTRATION DEADLINE: One week before camp starts.

REFUNDS: No refunds except for medical emergencies. Fees are based on full attendance at camp by all participants and will not be refunded for partial attendance.