

**AUGUST 16-22, 2011 BAND CAMP REGISTRATION FORM****DEADLINE: MAY 9, 2011****WWW.AAPIONEERBANDS.ORG****STUDENT INFORMATION** please print carefully

First Name	Last Name	Class of: 20__
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Address			
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City	State	Zip	Student ID
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Telephone ( )	Cell Phone ( )	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Family's (main) email:	Student's email:
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Are you <i>riding</i> to camp on the bus?	<input type="checkbox"/> YES (encouraged)	<input type="checkbox"/> NO
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Are you <i>returning</i> from camp on the bus?	<input type="checkbox"/> YES (encouraged)	<input type="checkbox"/> NO
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Do you need a school instrument?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Concert Band Instrument	Marching Band Instrument
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Band(s):	<input type="checkbox"/> Not Yet Auditioned	<input type="checkbox"/> Symphony Band	<input type="checkbox"/> Concert Band
	<input type="checkbox"/> Varsity Band Brass/Percussion	<input type="checkbox"/> Varsity Band Woodwind	<input type="checkbox"/> Jazz Band

**MY BAND CAMP T-SHIRT (INDICATE ADULT SIZE) :**  
 X-Small    Small    Medium    Large    X-Large    2X-Large    3X-Large

**I UNDERSTAND THAT THE TOTAL FEE FOR BAND CAMP IS \$335.00.**  
THIS INCLUDES A T-SHIRT, TRANSPORTATION, MEALS, COUNSELORS, LODGING, AND ACTIVITIES AT CAMP.

**I AM PAYING IN FULL** **\$335.00**

**OR I AM PAYING A DEPOSIT IN THE AMOUNT OF (\$25, \$60, \$135)** \$ \_\_\_\_\_

**I HAVE APPLIED FOR A BAND CAMP SCHOLARSHIP IN THE AMOUNT OF** \$ \_\_\_\_\_

**SCHOLARSHIP DEADLINE: PLEASE CONTACT MR. LEACH BY MAY 2ND**

**I UNDERSTAND THAT** *in applying for membership in the Pioneer Band Camp, I agree to conform to all the rules of the Interlochen Arts Camp and Pioneer High School as stated in Band Camp Bulletin Number 1.*

STUDENT SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ TOTAL RECEIVED \$ \_\_\_\_\_

SCHOLARSHIP APPROVED \_\_\_\_\_ SCHOLARSHIP AWARDED \$ \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_ TOTAL RECEIVED \$ \_\_\_\_\_

SCHOLARSHIP APPROVED \_\_\_\_\_ SCHOLARSHIP AWARDED \$ \_\_\_\_\_ BALANCE DUE \$ \_\_\_\_\_

**Band Camp Sunday—August 21st, 2011**  
**Families & Friends Charter Bus**

I, \_\_\_\_\_, would be interested in:

Helping organize a charter bus to & from Interlochen on Band Camp Sunday.

Riding the charter bus to & from Interlochen.

Email address: \_\_\_\_\_

Make checks payable to "Pioneer Band Association" and send (with completed Registration Enrollment and Health Forms) to

**David A. Leach, Director of Bands**  
**2011 Band Camp Registration**  
**Pioneer High School**  
**601 West Stadium Blvd**  
**Ann Arbor, MI 48103**