



INDIANA UNIVERSITY

JACOBS SCHOOL OF MUSIC  
Bloomington

SUMMER MUSIC CLINIC APPLICATION FORM (JUNE 7 - 13, 2009)

Student General Information

Name (Last, First, Middle) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (if applicable) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Current Grade in School \_\_\_\_\_

Home Address \_\_\_\_\_

Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Name of Requested Roommate (optional): \_\_\_\_\_  
(Requests will honored **only** if **both** potential roommates submit a request)

Please list how the student would like his/her first name to appear on their nametag \_\_\_\_\_

Please list how the student would like his/her full name to appear on the Final Concert program \_\_\_\_\_

Parent or Guardian General Information

Name(s) \_\_\_\_\_

Cell Phone(s) (if applicable) \_\_\_\_\_

E-mail address (if different from the student's e-mail) \_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone (if applicable) \_\_\_\_\_

Student Musical Background

Name of High School \_\_\_\_\_

Location of High School (city and state) \_\_\_\_\_

Primary Instrument \_\_\_\_\_ Secondary Instrument(s) (if applicable) \_\_\_\_\_

Please list any honors or awards that the student has earned in the past **two** years \_\_\_\_\_

Has the student attended the Summer Music Clinic in the past? \_\_\_\_\_ If the answer is yes, what years? \_\_\_\_\_

**Ensemble and Class Information**

All wind and percussion students are automatically enrolled in band and string students in orchestra. Wind and percussion students may also choose to audition for orchestra and jazz band. In addition to ensembles, all wind and percussion students must also enroll in one of the following classes (please note oboe and bassoon students will automatically be enrolled in a reed making class).

Conducting  Jazz Improvisation  Leadership  Music Theory  Composition  Small Ensembles

**Summer Music Clinic Information**

How would you like to receive your Summer Music Clinic information? (please check one only)

E-mail (information will be sent to both the student and his/her parent or guardian if their e-mail addresses are different)  
 Postal Mail

How did you hear about the Summer Music Clinic? (please check all that apply)

Poster  Friends  Magazine (please list name) \_\_\_\_\_  
 Website  Teachers  Other (please list) \_\_\_\_\_

**Fee and Payment Information and Application Instructions**

All applications must be postmarked by May 15, 2009 for consideration. Please note that applications will be accepted as they are received. It sometimes becomes necessary to deny applications to the Summer Music Clinic because certain instrument sections have reached their capacity. For this reason, it is highly recommended that application forms be sent as soon as possible.

The fee for the 2009 Summer Music Clinic is **\$475.00** (includes camp tuition and room and board in a renovated, air-conditioned residence hall). Cancellations must be reported no later than June 1, 2009 to receive a fee refund (excluding a non-refundable \$75.00 deposit). No refunds will be given after this date.

To apply, please check the appropriate payment information below:

Enclosed is my non-refundable \$75.00 deposit in the form of a check, made payable to "Indiana University Summer Music Clinic." I understand that the remainder of the Summer Music Clinic fee (\$400) is due no later than May 22, 2009.

Enclosed is my entire Summer Music Clinic fee of \$475.00 in the form of a check, made payable to "Indiana University Summer Music Clinic."

*(Please note: if a student is not accepted to the Summer Music Clinic because their instrument section has reached capacity, their deposit and fee will be returned)*

**Signatures**

If this application is accepted, the student agrees to abide by the rules and regulations of the Indiana University Summer Music Clinic. The student will attend all rehearsals and classes and participate in the Final Concert. Failure to do so may lead to dismissal from the Summer Music Clinic. The student and his/her parent or guardian understand that the fees for the Summer Music Clinic do not include hospitalization, major medical costs, or parking costs.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent or Guardian

Mail completed application and deposit or fee to: Indiana University Summer Music Clinic  
c/o Dr. Jeff Gershman  
Jacobs School of Music - 1201 E. 3rd Street  
Bloomington, IN 47405



## SUMMER MUSIC CLINIC GENERAL INFORMATION (JUNE 7 - 13, 2009)

### KEEP THIS SHEET FOR YOUR RECORDS!

#### Application Deadline

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#### Summer Music Clinic Fees

\$475.00 (includes camp tuition and room and board in a renovated, air-conditioned residence hall)

#### Cancellations

Cancellations must be reported no later than June 1, 2009 to receive a fee refund (excluding the non-refundable \$75.00 deposit). No refunds will be given after this date.

#### Payment Information (please record, for your personal records, the amount you have sent with your application)

\_\_\_\_\_ Enclosed is my non-refundable \$75.00 deposit in the form of a check, made payable to "Indiana University Summer Music Clinic." I understand that the remainder of the Summer Music Clinic fee (\$400) is due no later than May 22, 2009.

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#### For answers to your questions about the Indiana University Summer Music Clinic, please contact us:

**By phone:** 812-855-1372

**By e-mail:** iusmc@indiana.edu

**By mail:** Indiana University Summer Music Clinic  
c/o Dr. Jeff Gershman  
Jacobs School of Music - 1201 E. 3rd Street  
Bloomington, IN 47405

SUMMER MUSIC CLINIC WEBSITE  
[music.indiana.edu/special\\_programs/smc/](http://music.indiana.edu/special_programs/smc/)