



2010 Suzuki Violin Workshop Application Form

Complete
4446

NVMS - PO Box

and mail to:

Whitefish, MT 59937

PERSONAL INFORMATION

Parent/Guardian _____

Contact Email(s) _____

Phone (____) _____ Alt Phone (____) _____

Address _____

City _____ State _____ Zip _____

1) Student Name _____ Age _____

Suzuki Book No. ____ Polished Piece Name _____

Current Teacher _____ Master Class

2) Student Name _____ Age _____

Suzuki Book No. ____ Polished Piece Name _____

Current Teacher _____ Master Class

3) Student Name _____ Age _____

Suzuki Book No. ____ Polished Piece Name _____

Current Teacher _____ Master Class

FEES AND PAYMENT

Book 1 \$40.00 \$ _____

Book 2 & above \$50.00 \$ _____

Add. Students \$35 x no. ____ \$ _____

Master Class \$25 x no. ____ \$ _____

(Bk 5 and above must purchase 2 master classes)

Lunch \$5 x no. ____ \$ _____

TOTAL DUE \$ _____

Check enclosed – Please make payable to **North Valley Music School.**

Visa MC Amount \$ _____ Acct#: _____ 3 Digit Code: _____

Expiration Date: _____ Signature _____

MEDICAL RELEASE, INTERNET PHOTO AUTHORIZATION & INJURY WAIVER

I hereby authorize North Valley Music School and its staff, faculty and guest artists as agents of the undersigned to obtain any necessary medical care for my child and consent to medical treatment in event of an emergency during the Suzuki Violin Workshop April 25, 2009.

I also authorize any licensed medical personnel to give any necessary treatment to my child.

I assign NVMS and all rights to any photos taken during the Camp and authorize same to utilize pictures of my child on their respective websites, brochures, or other media.

I also hereby release and discharge NVMS and its faculty and guest artists for any and all claims for personal injury.

Please do not use photos of my child on the web or in any other media.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____