

**Harmonica Intensive with Howard Levy
October 16-18, 2009
Application**

**Mail completed application with payment to: Class Acts on Tour
P.O. Box 653
Hampstead, MD 21074**

Office: 410-374-9059 Cell: 252-202-0865
Email: mtfarmer@classactsontour.com
Website: www.classactsontour.com

This workshop will be held in Manteo, North Carolina. All information is required.
Enrollment is considered on a first-come, first-served basis. No refunds.
If you would like additional information, please feel free to contact Class Acts On Tour at any time.

Name: _____
Last First Middle Age

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell: (____) _____ E-Mail: _____

Emergency Contact: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell: (____) _____ E-Mail: _____

1) Describe your musical background: *(use additional documents as needed)* _____

2) Describe music ensembles or projects you've participated in:

3) How did you hear about us? Teacher Friend Brochure Ad Website Poster Email

4) Will you be accompanied by a spouse/partner/friend? yes no

5) Will this person take place in musical sessions? yes no Housing / food / concerts? yes no

6) Would you like to spend the weekend in shared housing with another musician in your program? yes no

7) Do you have any special dietary needs? If yes please list: _____

8) Do you have any special health considerations / allergies? If yes please list: _____

WAIVER OF LIABILITY

I hereby authorize the staff of Class Acts on Tour to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries, illnesses or lost property incurred while at camp. I have no knowledge of any physical impairment that would be affected by my participation in the camp program as outlined in the brochure. By submitting this application, I also state that I am covered by my personal medical insurance policy. This waiver of liability expressly includes transportation to and from, or in connection with, said camp in any vehicle operated by Class Acts on Tour. I, the undersigned, have read, understand and accept the terms of this acknowledgement of risk/waiver of liability form. I further acknowledge that no oral representations concerning this document have been made to me as an inducement to signing this document. **Signature** _____ **Date:** _____

I have answered all the above questions to the best of my ability and believe my answers are true and correct.

Signature _____ **Date:** _____

Application must be accompanied by a non-refundable check or money order payable to Class Acts On Tour.

FEES Full tuition, single room and board: \$900
Full tuition, room and board in shared housing with another participant: \$750
Spouse / partner / friend who will not be participating in music classes. \$550
 separate beds (in the same room) one king/queen sized bed
Additional nights @ \$100/night: Mon Tue Wed \$ _____
Total enclosed: \$ _____

Thank you! Please contact us if you have any questions, or we can be of service to you in any way.

Margie T. Farmer, Director, Class Acts On Tour