JULIAN FAMILY FIDDLE CAMP
April 11 – 15, 2017

Application

Applicant's Name (A separate form must be completed for each applicant. Applicants 17 and under must be accompanied at the camp by an adult, legal guardian or authorized chaperone. Applicants 17 and under must complete, sign and date the form, and their parents/legal guardians must sign and date the form as well).

_____ _____ _____
Last **Middle** **First**

Age _____ ☐ **Male** ☐ **Female**

Address

Street _____ **City** _____ **State** _____ **Country** _____ **Zip** _____

E-mail _____ **Preferred phone #** _____

Who referred you to the camp? _____

Instrument *

☐ **Fiddle** ☐ **Mandolin** ☐ **Guitar** ☐ **Banjo** ☐ **Ukulele**

* You may select one or as many instruments as you play, but *please let us know your primary interest for instruction*. While this will help for our planning, campers are free to go to any class for any instrument at any level at any time during the course of the camp.

How long have you/your child been playing the instrument or involved with Appalachian Dance? _____

Level

☐ **Beginner** ☐ **"Beginner-mediate"** ☐ **Intermediate** ☐ **Advanced**

Describe your/your child's goals/requests/interests for this year's camp (This information is important to us, as it is shared in advance with the instructors, and helps all at the camp anticipate needs and develop plans and approaches more fitting to your/your child's interests):

_____

_____

Medical Contions/Physical Limitations

There are unpaved paths and some minor slopes which campers must navigate in order to get to various areas and activities at the camp facility. Please note any medical conditions or physical limitations we should be aware of and/or might limit your access:

_____

Dietary Restricitons/Preference

☐ Vegetarian ☐ Diabetic ☐ Gluten Intolerant ☐ Other _____

Accommodations

☐ **Cabin Bunk*** ☐ **Parking for RV** ☐ **Tent** *If you wish to be in a room in one of the cabins with a specific attendee, please note their name here: _____

_____ _____
Applicant's signature **Date**

_____ _____ _____
Parent/Legal Guardian's Name **Parent/Legal Guardian's Signature** **Date**

Completed and signed applications should be sent to:

JULIAN FAMILY FIDDLE CAMP
P.O. Box 230734
Encinitas, CA 92023-0734

Please submit check (made payable to "Family Fiddle Camp") for $65 per person as deposit.

App/JFFC/10-27-17/rae