

JULIAN FAMILY FIDDLE CAMP
April 8 – 12, 2015

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 # _____

Instrument *

Fiddle Mandolin Guitar Banjo

* You may select dance and/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 dance and/or 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 Restrictitons/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 and to reserve your space.
Phone: (760) 522-8458 info@familyfiddlecamp.com Fax: (760) 652-5471