

EFCS Application - July 16-22, 2017
(Registration closes June 15, 2017)

Name _____ Gender M / F Birth Date _____ Age _____

Telephone _____ E-mail Address _____

Address _____ Zip code _____

Adult/Youth Voice (circle) Soprano Alto Tenor Bass Do you require large print music? _____

Do you play an instrument? (please list) _____ Will you play in the Instrumental Ensemble? _____

First Time at EFCS? _____ Are you a: Choir Director? _____ Accompanist? _____

_____ Traditional (Youth/Adult) (includes meals/lodging): (\$350) (if paid in full before June 15, 2017)

_____ Commuter Only: Commuter with no meals (\$120)(if paid in full before June 15, 2017)

_____ Commuter with meals: (\$250)(if paid in full before June 15, 2017)

Children's Program Housing options:

_____ My child/children will sleep on an air mattress in my bedroom : \$225 (if paid in full before June 15, 2017)

_____ My child/children will sleep in their own bed : * \$350 (if paid in full before June 15, 2017)

*This bedroom will be in the parent's/family suite (application received on or before April 1, 2017)

Any housing/meal changes made after the child's registration is received
must be made in writing or accompany parent's/family member's registration

Choice of Class (Youth and Adults): 1. _____ 2. _____

List Roommate Choices (up to 3)

Note: No changes can be made upon arrival! We attempt to honor roommate choices. Should your roommate need first floor accommodations (and you are of able body) adjustments may need to be made.

1. _____ 2. _____ 3. _____

I personally need a first floor room due to physical limitations _____ (check if applicable)

There are no elevators in the dorm.

Optional Items:

Concert CD @ \$10.00 _____ Picture CD @ \$15.00 _____ Linens @ \$12.00 _____ Golf cart donation \$ _____

You must be paid in full before May 15, 2017 in order to receive the discounted rate.

Make checks payable to Epworth Forest Choir School, PO Box 759, La Porte, IN 46352.

After May 15, 2017, please submit \$400 with the registration form.

Registration closes June 15, 2017

I will attend all sessions during the week and will abide by the rules of Epworth Forest Choir School.

Registrant's signature or signature of family member of attending child (in Children's Program)

EFCS Emergency Care Permission

Physician's Name: _____ Physician's Phone: (____) _____

I will assume financial responsibility for expenses not covered by insurance.

For minors only: Please provide a copy of front & back of registrant's insurance card

Registrant's signature _____ Printed name _____

Food/Medicine Allergies _____

Significant Medical History/Diagnoses _____

Medications **(Please carry a list of your maintenance medications while in attendance)**

Emergency Contact (please complete for both adults and youth):

Name of Parent/Guardian/Emergency Contact:

Home telephone: *(____) _____ *Cell phone: (____) _____

Work phone: (____) _____ * mandatory if available

In case of emergency, every effort will be made to contact the parent or guardian of a participating child or young adult. In addition, we will attempt to contact the emergency off campus contact for participating adults. In the event Epworth Forest Choir School cannot reach or locate the emergency contact, I understand that this completed registration serves as permission for emergency care and treatment for the person named on this registration form. I acknowledge that the participant, parent or guardian assumes financial responsibility for care. A contact name and at least one contact number is required for your application to be accepted.

Date: _____

Signature of Parent/Guardian _____

Mail or electronically return this completed form to:

Epworth Forest Choir School—Admissions, P.O. Box 759, La Porte, IN 46352

or

Admissions Administrator claudiaweiler@comcast.net