

**MINARET CHAMBER MUSIC WORKSHOP**  
**JUNE 13-18, 2010, THE UNIVERSITY OF TAMPA**

**REGISTRATION FORM**

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City, \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B \_\_\_\_\_

Instrument \_\_\_\_\_ Email \_\_\_\_\_

Parents Names \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

**Check one below**

- [ ] Commuter (cost: \$299; includes all study materials, T-shirt, recording)
- [ ] Resident (cost: \$429; includes 5 nights in UT supervised housing at the UT and meals, all study materials, T-shirt, recording)

**Gender** (circle):      Male                  Female

**T-shirt size** (circle):    S   M   L   XL   XXL   XXXL

**Doctor's Name** \_\_\_\_\_ **Phone** (\_\_\_\_\_) \_\_\_\_\_

**Please enclose photocopy of Medical Insurance card**

**HOLD HARMLESS AGREEMENT**

In consideration of permitting me to participate in the **Minaret Chamber Music Workshop, beginning at 4:00pm on June 13<sup>th</sup> and ending at 7:00pm on June 18<sup>th</sup>, 2010**, I will indemnify and hold the University of Tampa, its employees and agents, harmless from any claims, losses, damages, expenditures, liabilities, or charges of any kind or nature whatsoever, arising or alleged to have arisen out of any act, action, neglect, or omission by the University of Tampa, its employees or its agents, during or arising out of my participation in the event(s) listed below, except from and against all losses, damages, expenses, etc., as set forth herein above arising out of the sole negligence of the University of Tampa, its employees or its agents. **I agree to participate in all rehearsals, the performance, and all other activities** associated with the Minaret Chamber Music Workshop, follow all University Policies, and will conduct myself professionally at all times.

I understand that personal misconduct or absence from any event may result in my dismissal from the band. In such a case, my parents will be notified, and I will arrange with them for my immediate transportation home.

Participant's Printed Name \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_

*Participant's Signature* \_\_\_\_\_

*Parent's Signature* \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**PAYMENT METHOD for MINARET CHAMBER MUSIC WORKSHOP 2010 (Check One):**

[ ] Payment by Check - (Payable to **The University of Tampa**)                  Amount Enclosed \$ \_\_\_\_\_

[ ] Credit Card Payment - The University of Tampa accepts Visa or MasterCard

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Print Name of Card Holder \_\_\_\_\_ Signature of Card Holder \_\_\_\_\_

Billing Address \_\_\_\_\_

Telephone: Day (    ) \_\_\_\_\_ Evening (    ) \_\_\_\_\_

**MAIL TO: University of Tampa Music Dept., Box 92F, 401 W. Kennedy Blvd., Tampa, FL 33606**  
**DUE DATE: Registration Form and Fee postmarked by Monday, May 31<sup>st</sup>, 2010**