



SUMMER HIGH SCHOOL MUSIC THEATRE CAMP APPLICATION: JUNE 16-JUNE 22, 2024

Name:	Date of Birth:
Street Address:	Email:
City:	State: Zip Code:
Home Phone:	Cell Phone:
In case of emergency, phone number:	
Emergency Contact:	
Relationship to contact:	
Current Grade (9-12):	High School:
Voice Type:	Teacher:
Resident \$640 Commuter with 2 meals dail	y \$540 Commuter with no meals \$440
basis until the CAMP is filled. Notice of acceptan	will be accepted on a First Come, First Served ce will be by email by April 29 with <u>Final Payment</u> ay be available as determined by talent, need, and
T-Shirt (Unisex sizing): S M LG XL XXL / Dan	ice Experience: Jazz Ballet Tap
APPLICATION MATERIALS CHECKLIST:	
Application Letter of recommendation	ation
2 Vocal Selections (email link to <u>cjones@mus</u>	skingum.edu)
\$50 deposit (Non-refundable) Check or mone	ey order made payable to: Muskingum University
measures and recommended guidelines to ensure	G : Although the University will follow reasonable my health and safety, I agree to assume any and all e exposure to COVID-19. All images and recordings atre CAMP.
Student Signature:	
Parent or Guardian Signature:	
Completed applications and materials can be mail	ed, or sent electronically to:
Carol Wilcox-Jones, CAMP Director Summer H.S. Music Theatre CAMP Muskingum University 260 Stadium Drive, New Concord, Ohio 43762-1837	
cjones@muskingum.edu: 740-826-6210 / Music	: Department: 740-826-8095