

**STRING EXPERIENCE 2011
STUDENT REGISTRATION FORM**

Student name: _____ age 8/1/11: _____

Parent/guardian name: _____

Mailing address: _____

Phone numbers: _____

Parent email: _____

Emergency contact other than parent: _____

Phone number: _____

Instrument: _____ Private lessons instructor: _____

School attended '10-'11 _____ grade completed 2010-'11 _____

Please send this form, the Medical Release form, and your registration fee as follows.

REGISTRATION FEE: Through May 1 = \$75; through July 1 = \$85; through August 1 = \$90.

STRING EXPERIENCE

Harding University

Box 10767

Searcy AR 72149

***SCHOLARSHIPS:** A limited number of need-based scholarships will be available for this summer's String Experience at Harding University. If you would like to be considered for a scholarship, please contact the following.

Mrs. Megan Joyner
Searcy Schools - Orchestra Director
joynerm@searcyschools.org

Dr. Cindy Carrell.
Harding University's String Experience, director
ccarrell@harding.edu

For office use only:

Reg Rcvd date: _____

___ Med Rls Form

___ Fee \$ _____

Check # _____