

HERITAGE DULCIMER CAMP REGISTRATION FORM

**** Registration must be received by June 25, 2010 ****

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email: _____

Male _____ Female _____ Name you desire on name tag: _____

I would like to room with _____

- Be sure to fill out the Health/Emergency Form on the reverse side of this page.
- Don't forget to enclose your deposit. Remember, registration is on a first come/first served basis.

Mail this entire form, along with your deposit to:

Mary Jo LePage

24860 Murray St., Harrison Township, MI 48045

hm: 586-791-7728 • cell: 586-382-1716

MORNING SESSION: *pick one*

Intermediate Hammered Dulcimer _____	Intermediate Mountain Dulcimer _____
Advanced Hammered Dulcimer _____	Advanced Mountain Dulcimer _____

COST and REGISTRATION

REGISTRATION: Sunday, 4:00 to 5:30 p.m.; dinner follows at 6 p.m. Camp ends with noon meal on Friday.

(Note: rooms will not be ready until after 4 p.m. so please do not arrive before then.)

Full time (includes room, meals & tuition)	_____	\$595.00
Requested private room	_____	\$200.00 extra
Commuter (tuition & lunch only)	_____	\$250.00
Commuter dinner (5)	_____	\$ 50.00
Non-participant fee (room and meals)	_____	\$300.00
Mid-week towel exchange (Heartland Center Policy)	_____	\$ 5.00

(note: you're welcome to bring your own towels)

- Because we have a limited enrollment, *first floor and private rooms will be assigned on severity of need and a first come/first served basis*
- In order to ensure your spot, we request you enclose a registration fee of \$100.00 (which is included in the total cost; \$35.00 of this fee is non-refundable if you must cancel) with your application.
- Because of policy changes at Heartland Conference Center, there will be NO hookups available. Contact Heartland for the location of nearby campgrounds.

Special note to commuters: Please plan to attend the Sunday evening orientation—you'll miss a lot if you don't!

Health/Emergency Form — Heritage Dulcimer Camp

NAME _____ Male _____ Female _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Do you have any health conditions or special circumstances about which we should know? Yes _____ No _____

If yes, please explain (medical/ allergies, etc.) _____

Do you have any special dietary needs? *[Please note: the camp's chef makes every effort to provide diabetic and vegetarian alternatives to the regular meals if requested in advance. If your diet requirements do not fit within these parameters, Mike will make a grocery store run for those who wish to supplement the provided meals.]*

Yes _____ No _____ If yes, please explain: _____

Do you have a medical condition that requires a first floor room? Yes _____ No _____

[Please note: room floors are assigned based on the severity of the need so please be specific.]

If yes, please explain: _____

Person to be notified in the event of accident or medical emergency:

Name _____ Relationship _____

Address _____ City _____

State _____ Zip _____ Phone: Home _____ Work _____

Alternate Person _____ Phone _____

In signing this application, I hereby certify that the above information is correct and give permission for the use of photographs which might include me to be used in Heritage Dulcimer Week publicity.

Signature _____ Date _____