



PARTICIPANT APPLICATION FORM

Please fill in all of the information (PLEASE PRINT CLEARLY) and then mail it to the address below.

Drum Major - Name _____
E-mail Address _____
Home Phone _____ Cell Phone _____
Home Street Address _____
City, State Zip _____
Marching Band Instrument _____ Grade in school _____
Years of Drum Major Experience (prior to Fall 2011) _____
Number of years previous experience at ISU Drum Major Clinic _____
High School _____ Band Director's Name _____
Director's School E-mail address _____
Director's School Phone _____
School Address _____
City, State Zip _____

Please mark "X" next to the description that applies to you:

Will you be a: ___ Resident ___ Commuter **Gender:** ___ Male ___ Female

T-Shirt Size: ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL

(adult sizes)

Please mark "X" next to the description that applies to you:

I'm planning on attending:

___ Session A: Mini-Camp #1 (June 11-12) - applications and full payment due: May 27

___ Session B: Mini-Camp #2 (June 18-19) - applications and full payment due June 3

___ Session C: Mini-Camp #3 (June 25-26) - applications and full payment due June 10

___ Session E: Mini-Camp #4 (July 23-24) - applications and full payment due July 8

Cost: \$300 for Residents, \$225 for Commuters

___ Session D: Week-long Camp (July 10-15): applications and full payment due June 24

Cost: \$450 for Residents, \$300 for Commuters

Please make checks payable to
"Sycamore Drum Major Clinic".

No student will be allowed to
participate in the clinic without full
payment of fees.

Mail to:
Indiana State University
Sycamore Drum Major Clinic
c/o Doug Keiser
School of Music
Indiana State University
Terre Haute, IN 47809