



Miami Valley Jazz Summer Camp 2004

Student Application Form

IMPORTANT DATES

- May 1st - Scholarship Application Requests Due
- May 21st - Scholarship Application, Camp Registration and Camp Deposit Due
- June 9th - Camp Placement Auditions
- June 14th - Miami Valley Jazz Summer Camp Begins

Ohio Arts Council
A STATE AGENCY
THAT SUPPORTS PUBLIC
PROGRAMS IN THE ARTS



Public funding for this project has been made possible with a grant from Montgomery County

Administered by the
Dayton Jazz Orchestra
Hosted by Centerville High
School Band Department

General Camp Information

Camp Location: Centerville High School Campus, 500 East Franklin Street, Centerville, Ohio.

Camp Placement Auditions: Wednesday, June 9th between 5:00 pm - 8:00 PM

Daily Camp Hours: Monday through Friday, June 14th - June 18th from 8:00 AM - 4:00 PM

Several Exciting Afternoon or Evening Concerts are being planned for the Week

Arturo Sandoval Clinic and Concert: Thursday, June 17th - 8:00 PM at Veteran's Park in Springfield



Student Concert: Friday, June 18th at 7:00 pm

Camp Scholarships: Full or part time, need-based scholarships are available for the Camp. Applications are sent on a request basis. Requests for scholarship applications are due by May 1st. Completed scholarship applications must be received in our office no later than May 21st. All scholarship recipients will be notified after a successful placement audition on June 9th. **CHECK BELOW FOR A SCHOLARSHIP APPLICATION**

Camp Deposit / Refund Policy: A \$50.00 non-refundable check is due with Camp applications. No refunds will be granted once camp begins.

Additional Information can be obtained by visiting www.daytonjazzorchestra.com or calling (937)581-7959

MAKE CHECKS PAYABLE TO: "THE DAYTON JAZZ ORCHESTRA"

MAIL APPLICATION TO: Miami Valley Jazz, 410 Shawnee Trail Centerville, OH 45458

.....Cut and Return Lower Portion of Application

Student Information

School Information

Name _____ School _____
 Home Address _____ School Address _____
 City, State, Zip _____ City, State, Zip _____
 Home Phone (____) _____ Band Director _____
 High School Graduation Year _____ T-Shirt Size: S ___ M ___ L ___ XL ___ 2XL ___ 3XL ___
 Student's Email Address _____ Parent's Email Address _____

Extra T-Shirts can be ordered for \$14 each - Please send money for additional shirts by audition night (6/09/04) - indicate quantity and size above.

Musical Instrument: 1st Choice _____ How many years played? _____
 2nd Choice _____ How many years played? _____

Camp Payment Plan – Please check the Camp payment plan by placing an "x" in the

- | | |
|--|--|
| <input type="checkbox"/> Camp Plan 1 - \$255.00 | <input type="checkbox"/> Camp Plan 2 - \$185.00 |
| Full Day | Half Day * (for summer school students only) |
| Lunch | Lunch |
| Concert Tickets | Concert Tickets |
| Camp T-Shirt | Camp T-Shirt |
| Student Concert CD | Student Concert CD |

Please send me a Scholarship Application ***Summer School Attended:** _____