

MINARET CHAMBER MUSIC WORKSHOP
JUNE 11-18, 2011, THE UNIVERSITY OF TAMPA

REGISTRATION FORM

Name _____ Phone (____) _____

Address _____ School _____

Instrument _____

Check one below

- ☐ Commuter (cost: \$299; includes all study materials, T-shirt, recording)
- ☐ Resident (cost: \$435; includes 5 nights in UT supervised housing at the UT and meals, all study materials, T-shirt, recording)

Gender (circle): Male Female

T-shirt size (circle): S M L XL XXL XXXL

Doctor's Name _____ Phone (____) _____

Please enclose photocopy of Medical Insurance card

HOLD HARMLESS AGREEMENT

In consideration of permitting me to participate in the **Minaret Chamber Music Workshop, beginning at 6:30pm on June 12th and ending at 8:00pm on June 18th, 2011**, I will indemnify and hold the University of Tampa, its employees and agents, harmless from any claims, losses, damages, expenditures, liabilities, or charges of any kind or nature whatsoever, arising or alleged to have arisen out of any act, action, neglect, or omission by the University of Tampa, its employees or its agents, during or arising out of my participation in the event(s) listed below, except from and against all losses, damages, expenses, etc., as set forth herein above arising out of the sole negligence of the University of Tampa, its employees or its agents. **I agree to participate in all rehearsals, the performance, and all other activities** associated with the Minaret Chamber Music Workshop, follow all University Policies, and will conduct myself professionally at all times.

I understand that personal misconduct or absence from any event may result in my dismissal from the band. In such a case, my parents will be notified, and I will arrange with them for my immediate transportation home.

Participant's Printed Name _____

Parent's Printed Name _____

Participant's Signature _____

Parent's Signature _____

Date: _____

Date: _____

PAYMENT METHOD for MINARET CHAMBER MUSIC WORKSHOP 2011 (Check One):

☐ Payment by Check - (Payable to **The University of Tampa**) Amount Enclosed \$ _____

☐ Credit Card Payment - The University of Tampa accepts Visa or MasterCard

Credit Card No. _____ Exp. Date _____ Amount \$ _____

Print Name of Card Holder _____ Signature of Card Holder _____

Billing Address _____

Telephone: Day () _____ Evening () _____

MAIL TO: **Dr. Libor Ondras, director, Box 92F, 401 W. Kennedy Blvd., Tampa, FL 33606**
DUE DATE: Registration Form and Fee postmarked by **Tuesday, May 31st, 2011**