# Application Form

## Retreat for Violinists and Violists

**Session One A:** June 25 - 30, 2010  
**Session One B:** June 25 - 30, 2010  
**Session Two:** June 30 - July 4, 2010  
**Sessions One A or B and Session Two:** June 25 - July 4, 2010

**APPLICATION DEADLINE:** April 30, 2010  
**PAYMENT DEADLINE:** May 28, 2010

<table>
<thead>
<tr>
<th>Name:</th>
<th>Gender: □ Male □ Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Primary Phone: ( )</td>
<td>Secondary Phone: ( )</td>
</tr>
<tr>
<td>Emergency Contact Person:</td>
<td>Emerg. Contact Phone: ( )</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
</tbody>
</table>

(Please print carefully and let us know if you change your e-mail address)

I am applying for: *(please check one)*  
- □ Session One A *Beginning the Violin Journey*  
- □ Session One B *Retreat for School String Teachers*  
- □ Session Two *Establishing a Healthy Foundation*  

*Previous enrollment in *Beginning the Journey or *Retreat for School String Teachers is a prerequisite for Session Two*

Where do you plan to stay?  
- □ I will stay off campus (see website for a list of off-campus accommodations)  
- □ I will use campus housing ($53 per night): Arrival Date____ Departure Date____ Total number of nights ____

I wish to register for graduate credit: (Please note that IU credit hour fees will be charged in addition to tuition.) *(please check one)*  
- □ 1 credit (participation in Session One A, Session One B, or Session Two)  
- □ 2 credits (participation in Session One A/B and Session Two)

Please tell us how you learned about this workshop:  
- □ Brochure  
- □ Advertisement  
- □ Word of Mouth  
- □ Website  
- □ Other __________________________

**Application Checklist:**  
- □ Completed Application Form  
- □ Completed Payment Form  
- □ Non-refundable $70 application fee

We cannot process your application unless all materials are included. Position is secured only upon receipt of full payment.

Send to:  
Judy Anderson  
IU Jacobs School of Music  
1201 East Third Street, PB 128  
Bloomington, IN 47405  
Fax: 812-856-1782

<table>
<thead>
<tr>
<th>OFFICE USE ONLY:</th>
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</thead>
<tbody>
<tr>
<td>Amount Rec’d____</td>
</tr>
<tr>
<td>Date Payment Rec’d____</td>
</tr>
<tr>
<td>Check #__________</td>
</tr>
<tr>
<td>Check Date__________</td>
</tr>
</tbody>
</table>
Payment Form
Retreat for Violinists and Violists
Session One A: June 25 - 30, 2010
Session One B: June 25 - 30, 2010
Session Two: June 30 - July 4, 2010
Sessions One A or B and Session Two: June 25 - July 4, 2010

APPLICATION DEADLINE: April 30, 2010
TUITION and HOUSING DEADLINE: May 28, 2010

Student Name: ____________________________________________

<table>
<thead>
<tr>
<th>Option</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-refundable application fee</td>
<td>$70.00</td>
</tr>
<tr>
<td>Session One A: Beginning the Journey Tuition</td>
<td>$470.00</td>
</tr>
<tr>
<td>Session One B: Retreat for School String Teachers Tuition</td>
<td>$470.00</td>
</tr>
<tr>
<td>Session Two: Establishing a Healthy Foundation Tuition*</td>
<td>$470.00</td>
</tr>
<tr>
<td>Session One A/B and Session Two: The Complete Journey</td>
<td>$800.00</td>
</tr>
</tbody>
</table>

[ ] I wish to reserve on-campus housing: ($53.00 per night)

I will arrive on _______________ and I will depart on _______________

Number of nights (checkout time is 5 pm) _______________ x $53.00 = _______________

TOTAL AMOUNT ENCLOSED $ _______________

*Previous enrollment in Beginning the Journey or Retreat for School String Teachers is a prerequisite for Session Two

[ ] I wish to pay by check (Please make check payable to: Indiana University)

Total amount of check: $ _______________________________

[ ] I wish to pay by credit card

Check one: [ ] Visa [ ] American Express [ ] MasterCard [ ] Discover

Number: ____________________________ Expiration date: ______________

Signature: ____________________________

Total amount to be charged: $ ____________________________

Send to:
Judy Anderson  IU Jacobs School of Music  1201 East Third Street, PB 128  Bloomington, IN  47405  Fax: 812-856-1782