

**Youth Registration**

Please print clearly in black ink. Do not staple or tape anything to this form.

**Primary Instrument**  Piano  Flute  Clarinet  Violin  Composition **Years of Study** \_\_\_\_\_

**Youth Participant**  Former Soiva camper?

Full Name \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Roommate Request (optional) Please list only one name. Requests must be mutual. \_\_\_\_\_

**School Information for Youth Participant**  Homeschool

Highest grade completed prior to session \_\_\_\_\_

Present Music Teacher \_\_\_\_\_

Teacher Email (required) \_\_\_\_\_

School Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

**(Parent/Guardian)**

Full Name \_\_\_\_\_  
Last First Middle

E-Mail (required) \_\_\_\_\_

Custodial parent/guardian at time of session?  Yes  No

Relationship to Youth Participant \_\_\_\_\_

Mailing Address  Same as Youth

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellphone \_\_\_\_\_

Work Phone \_\_\_\_\_

Concordia College, Moorhead, Minn.  Student  Alum  Staff

How did you hear about us? \_\_\_\_\_

**REQUIRED:**

Please submit a recording of one piece. (Five minutes maximum)

Title of piece \_\_\_\_\_

Composer \_\_\_\_\_

**TUITION:**

Local Commuters \$450

Early Bird by March 1 \$650

Regular Student Rate \$750\*

\*Email: soivaatcord@yahoo.com for scholarship information

**Payment Method**

Check included

VISA  MasterCard  DISCOVER

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

(3-digit # found on back of credit card in signature panel)

**Total Charge Amount \$** \_\_\_\_\_

Cardholder Name (Please print)

\_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Country \_\_\_\_\_

Signature \_\_\_\_\_

**Mail, fax , or email completed form with deposit to:**

Concordia College  
Deb Harris  
Hvidsten Hall of Music, Rm 138  
901 8th St. S.  
Moorhead, MN 56562  
(218) 299-4867  
harris@cord.edu  
Fax: (218) 299-3058

Deposit: \$300  
Not refundable after May 1

**Emergency Contact**

(If unable to reach parent/guardian during session)

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cellphone \_\_\_\_\_

**Office Use Only**

Initials \_\_\_\_\_ Date Received \_\_\_\_\_