



# *Trumpet Workshop*

Sponsored by the Mt. View HS Instrumental Music Boosters

**Participant:** First \_\_\_\_\_ Last \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Residence Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Grade in the Fall \_\_\_\_\_ School you attend \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Medical information/allergies we need to be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address - print clearly \_\_\_\_\_

Parent Name 1 (please print) \_\_\_\_\_ Parent Name 2 (please print) \_\_\_\_\_

Parent 1 Phone \_\_\_\_\_ Parent 2 Phone \_\_\_\_\_

**In Case of Emergency:**

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

PERMISSION FORM (for youth classes) \_\_\_\_\_ has my permission to participate in the activities listed on this registration form. In an emergency and I can't be reached, I grant permission for emergency medical treatment to be given to my child. I agree to pay all medical bills not covered by the insurance company listed below. I release Evergreen Public Schools, the camp, its coaches, employees and volunteers from responsibility for any bills resulting from injuries incurred in these programs. I also give my permission for my child to be photographed and for such photographs to be released for publicity purposes. I have attached information regarding allergies or other medical conditions about my child of which staff should be aware.

Insurance Company \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Artistry Lives Trumpet Workshop**

*This will be an awesome musical opportunity to grow as trumpet players. We will focus on fundamentals of sound, pitch and centering yourself as a musician. Sessions will take you through a variety of practice strategies to improve your routine and enhance your craft. Students will rehearse and perform in small ensemble settings as a way to apply learned concepts.*

**Who:** For grades 9-12 this fall and adults.  
**Date:** August 7-10 and 14-17  
**Time:** 6:30pm-9:00pm  
**Cost:** \$190.00 by June 30(\$225 July 1<sup>st</sup> and after)  
**Location:** Mt. View Band Room 1500 SE Blairmont Drive, Vancouver, WA 98683  
**Instructors:** Bruce Dunn, Jim O'Banion

