

GREENWOOD MUSIC CAMP
Founded 1933

SENIOR CAMP APPLICATION

Applicant's Name _____ Date of birth _____
please print

Home Address _____

Home Phone _____ Cell Phone _____

Applicant's Email _____
please print clearly

Mother's Name _____ Email _____

Phone _____ Address if different _____

Father's Name _____ Email _____

Phone _____ Address if different _____

Instrument _____ Years Studied _____

Current Teacher _____ Email _____

Pieces, Etudes studied in the past year _____

Second Instrument (if any) _____

Please describe any chamber music or orchestra experiences you have had

Other Interests

Please return to:

Deborah Sherr, Director
Greenwood Music Camp
PO Box 1045
Easthampton, MA 01027

___ Check if you intend to apply for scholarship aid

Signature of Parent or Guardian _____