

2017 ASI REGISTRATION FORM

BILLING INFORMATION

Last Name:		First Name:	
Address:			
City:		State/Province:	ZIP Code
Daytime phone:	Cell Phone:	Email address:	
<input type="checkbox"/> I am a first time participant referred by:		<input type="checkbox"/> I am a past ASI participant – I referred:	

ATTENDEE INFORMATION

(List EVERYONE who will be attending and check all that apply for each attendee)

Name of Each Person Attending	Date of Birth (if 18 or younger)	Attending July 16-22	Attending July 23-29	Attending July 16-29	Requests Housing	Requests Teen Dorm	Requests Refrigerator	Requests Meal Ticket	Requests Parking Permit
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FEE SCHEDULE

Early Bird Registration Fee (postmarked by May 31), per family	\$100	_____
Registration Fee for applications, which include payment in full, postmarked after May 31, per family	\$150	_____
Late Payment Fee for registered families with a balance due after May 31	\$50	_____
Student Class Fees:		
Students Pre-Twinkle through Book 2 (15 hrs. of instruction), per week.....	\$420	_____
Students Book 3 – 5 (20 hrs. instruction/orchestra), per week	\$454	_____
Students Book 6+ (20 hrs. instruction/orchestra + 3-person Master Class), per week.....	\$495	_____
Suzuki Early Childhood Education Parent & Sibling Class (0-4 year olds).....	\$75	_____
Suzuki Early Childhood Education CD and Songbook (Required for the above class).....	\$25	_____
Two-week Chamber Music Program (52 hrs. of instruction/orchestra/quartet + 3-person Master Class)	\$895	_____
Parent Master Class (3 students minimum; 5 hours of instruction)	\$175	_____
Teacher Class Fees:		
Every Child Can!®	\$115	_____
*Short-term Teacher Training Course - Book 2 and above; 15-hour Supplemental Course; Revisiting Book 1 (per unit)	\$440	_____
Short-term Teacher Training Course – Book 1	\$775	_____
Short-term Teacher Training Course – Practicum	\$470	_____
Suzuki Early Childhood Education (SECE), Stage 1 or 2 Teacher Training Courses	\$495	_____
Kitchen Table String Repairs – Level 2	\$185	_____
Kitchen Table String Repairs – Level 3	\$440	_____
Institute Observer (Adult observing student classes only. No teacher trainees. Parents do not pay this fee), per week	\$200	_____
Full Plan Meal Ticket (Per Person, Per Week) – Sunday dinner through Saturday breakfast (17 meals)	\$120	_____
Lunch and Dinner Meal Ticket – Mon-Fri lunch and dinner only (10 meals).....	\$80	_____
(Children under age 3 eat for free)		

Housing Fees (Per Week, maximum of 2 people per room):

One Adult and One Youth.....	\$260	_____
Two Adults	\$290	_____
Two Youths (must be 17 years old or younger).....	\$230	_____
One Adult.....	\$200	_____
One Youth (must be 17 years old or younger).....	\$170	_____
Early Arrival or Extra Night (per night) – Adult.....	\$35	_____
Early Arrival or Extra Night (per night) – Youth.....	\$25	_____
Teen Dorm – 13 and older (includes room, meal ticket, activity fee, and supervision), per week	\$365	_____
Refrigerator Rental, per room, per week	\$30	_____
 Parking Permit, per week.....	 \$20	 _____

I am staying in a hotel Hotel Name _____

YES, send me 5 Earn Your Way to ASI Toolkits \$15/5 kits _____

Please send me UWSP admission information.

Donation to the ASI Scholarship Fund (Tax Deductible)..... _____

TOTAL FEES: _____

PAYMENT INFORMATION

My check or money order, payable in U.S. Dollars to ASI/UWSP, is enclosed in the amount of \$ _____

Credit Cards accepted only for payment in full at time of application

Charge my credit card for total fees due

American Express VISA MasterCard Discover Expiration Date: _____ (mm/yyyy)

Credit Card No. _____

Your name as it appears on your card: _____

\$100 non-refundable registration fee must accompany all applications postmarked before May 31.

\$150 non-refundable registration fee and payment in full must accompany all applications postmarked after May 31.

A \$50 late payment fee will apply to all registered accounts not paid in full by May 31.

Registration Deadline: June 30 After June 30, with permission of the Director, as space permits. Must be paid in full with a credit card.

Incomplete applications will be returned (be sure to include working and polish pieces, which may be updated via email until June 15).

Mail payment and completed forms to: American Suzuki Institute, UW-Stevens Point, Stevens Point, WI 54481
or

Fax completed forms along with credit card information to our secure server – 715-346-3858.

SPECIAL NEEDS

(Early Arrival, Teacher Request, etc.)

2017 ENROLLMENT FORM (Students, ECE, Parent Master Class)

Last Name	First Name
Date of Birth	Gender
Instrument	Home Teacher's Name

Last Name	First Name
Date of Birth	Gender
Instrument	Home Teacher's Name

Working Piece (except ECE)		
Book	Piece Name	Composer

Working Piece (except ECE)		
Book	Piece Name	Composer

Polished Piece (recital ready)		
Book	Piece Name	Composer

Polished Piece (recital ready)		
Book	Piece Name	Composer

Pre-Twinkle Only		
Violin <input type="checkbox"/>	Cello <input type="checkbox"/> (wk 2)	Viola <input type="checkbox"/> (wk 2)
No Experience (violin only) <input type="checkbox"/>	Box and Stick <input type="checkbox"/>	
Instrument & Rhythms <input type="checkbox"/>	Instrument & Fingers <input type="checkbox"/>	

Pre-Twinkle Only		
Violin <input type="checkbox"/>	Cello <input type="checkbox"/> (wk 2)	Viola <input type="checkbox"/> (wk2)
No Experience (violin only) <input type="checkbox"/>	Box and Stick <input type="checkbox"/>	
Instrument & Rhythms <input type="checkbox"/>	Instrument & Fingers <input type="checkbox"/>	

Session (check one)

- | | |
|---|---------------------------------|
| <u>July 16-22, 2017</u> | <u>July 23-29, 2017</u> |
| <input type="checkbox"/> Violin | <input type="checkbox"/> Violin |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Harp | <input type="checkbox"/> Viola |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Cello |
| <input type="checkbox"/> ECE | <input type="checkbox"/> Bass |
| <input type="checkbox"/> Parent 'A' Class | <input type="checkbox"/> ECE |
| <input type="checkbox"/> Chamber Music Program (July 16-29, 2017) | |

Session (check one)

- | | |
|---|---------------------------------|
| <u>July 16-22, 2017</u> | <u>July 23-29, 2017</u> |
| <input type="checkbox"/> Violin | <input type="checkbox"/> Violin |
| <input type="checkbox"/> Piano | <input type="checkbox"/> Piano |
| <input type="checkbox"/> Harp | <input type="checkbox"/> Viola |
| <input type="checkbox"/> Voice | <input type="checkbox"/> Cello |
| <input type="checkbox"/> ECE | <input type="checkbox"/> Bass |
| <input type="checkbox"/> Parent 'A' Class | <input type="checkbox"/> ECE |
| <input type="checkbox"/> Chamber Music Program (July 16-29, 2017) | |

Signature of adult who will be in attendance and who agrees to assume full responsibility for supervising this student.

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MUST BE SIGNED BY ALL PARENTS

I understand that ASI may take photographs and/or videos of Institute participants and activities. I agree that the American Suzuki Institute shall be the owner of and may use such photographs and/or videos relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

I voluntarily indemnify and hold harmless the University of Wisconsin-Stevens Point, the Board of Regents of the University of Wisconsin System, their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of my participation in the Suzuki program and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents while acting within the scope of their employment or agency.

Signature

Date