## 2023 ASI REGISTRATION FORM

PARENT CONTACT INFORMATION

Primary Contact: Last Name:		Prima	ry Contac	t: First Name:	
Address:					
City:	State/Province:		ZIP Cod	е	Country
Daytime phone:	Cell Phone:			Email address:	

## **ATTENDEE INFORMATION**

(Please list EVERYONE who will be attending and check all that apply for each attendee - not just students)

Name of Each Person Attending	Date of Birth if 18 or younger	Attending July 16 - 22	Attending July 23 - 29	Attending	Requests Housing	Requests	Requests Refrigerator	Requests Meal Ticket	Requests Parking Permit

(Enter information in the Special Needs box on page 2, if you have more than five attendees).

## **FEE SCHEDULE**

Early Bird Student Registration Fee (postmarked by May 31), 1 per family	\$125
Registration Fee for applications, which include payment in full, postmarked after May 31, 1 per family	\$175
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	\$450
Students Book 3 – 5 (20 hrs. instruction/orchestra), per week	\$490
Students Book 6+ (20 hrs. instruction/orchestra + 3-person Master Class), per week	\$530
Suzuki Early Childhood Education Parent & Sibling Class (0-4 year olds)	\$80
Two-week Chamber Music Program (52 hrs. of instruction/orchestra/quartet + 3-person Master Class)	\$985
One-week Chamber Music Program July 23-29 ONLY (26 hrs. of instruction/orchestra + 3-person Master Class)	\$565
Elective 11:00am and/or 5:00pm	\$65
Meal Tickets (Per Person, Per Week:	
Full Plan Meal Ticket – Sunday dinner through Saturday breakfast (17 meals)	\$143
Lunch and Dinner Meal Ticket – Mon-Fri lunch and dinner only (10 meals)	\$93
(Children under age 3 eat for free)	

Single room	
Early Arrival or Extra Night (per night) - Single*	
Early Arrival or Extra Night (per night) – Double*	
*If you are staying on campus for the two-week period, please add the Extra Night fee.  Refrigerator Rental, per room, per week	
Refrigerator Rental, per room, per week	
Parking Permit, per week(not needed if attending only evening and weekend activities)	
If not purchasing parking, please check this box and let us know what alternate parking arrangements you are making:  I am staying in a hotel Hotel Name  YES, send me an Earn Your Way to ASI Toolkit	
I am staying in a hotel Hotel Name  YES, send me an Earn Your Way to ASI Toolkit	
YES, send me an Earn Your Way to ASI Toolkit\$25	
· -	
Please send me LIWSP admission information	
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Donation to the ASI Scholarship Fund (Tax Deductible)	
Required: Addition of 5% credit card convenience fee for all credit card payments	
TOTAL FEES:	
PAYMENT INFORMATION	
\$125 non-refundable registration fee must accompany all applications postmarked, emailed, or faxed before May 31. A \$50 late payment fee will apply to all registered accounts not paid in full by May 31. \$175 non-refundable registration fee and payment in full must accompany all applications postmarked, emailed or faxed after Ma	ıy31.
My check or money order, payable in US dollars to ASI/UWSP, is mailed or enclosed in the amount of:	_
I will use a credit or debit card through the secure link below. My payment will be in the amount of  (including credit card convenience fee):	
Click here to make a credit or debit card payment.	
OPTIONS TO RETURN COMPLETED FORMS	
<ul> <li>Submit button at end of form or email to suzuki@uwsp.edu</li> <li>Postal service: American Suzuki Institute, UW-Stevens Point, 1800 Portage St., Stevens Point, WI 54481</li> </ul>	
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 polished pieces, which may be updated via email until June 15	).
SPECIAL NEEDS	

## 2023 STUDENT INFORMATION FORM

Complete one form for each student, click here for additional forms

Last Name	Cirat Nama	ELECTIVE CHOICES				
Last Name	First Name	<b>」</b>				
Date of Birth Gen	der Pronouns	These courses will be offered week 1 & week 2, Monday through Thursday at 11:00-11:50 am in the Noel Fine Arts Center unless specified. Class				
		sizes will vary between 15 and 25, depending on the class. Enrollment will be open on a first-come, first-served basis. Each class costs \$65.				
Instrument F	lome Teacher's Name					
		- •				
Working Piece (required—consult	your teacher)	See website for elective course descriptions.				
Book Piece Name	Composer	Artist's Imagination: all instruments, ages 7-12, weeks 1 & 2				
5 5		☐ Kid's Yoga all instruments, ages 7-12, weeks 1 & 2				
Polished Piece (required—consult	your teacher)	Modern Dance: all instruments, ages 9 and up, weeks 1& 2				
D'an Name	2	☐ Youth Choir: all instruments, ages 7-12, weeks 1 & 2☐ Taekwondo: all instruments, ages 7 and up, weeks 1 & 2☐ Taekwondo: all instruments, ages 7 and up, weeks 1 & 2☐ Taekwondo: all instruments, ages 7 and up, weeks 1 & 2☐ Taekwondo: all instruments, ages 8 and up, all instruments, ages 8 and up, ages 8				
Book Piece Name	Composer	☐ Taekwondo: all instruments, ages 7 and up, weeks 1 & 2☐ Fun With Duets: Violin Book 2 and beyond, ages 7 and up,				
Pre-Twinkle Only (please fill in N/A for working	/polished piece above)	week 1 & 2				
Violin Cello (week 2) Viola	(week 2)	WEEK I & Z				
No Experience (violin only)	Box and Stick					
Instrument & Rhythms	Instrument & Fingers					
		J				
Session (check one)	<del></del>					
July 16-22, 2023 July 23-2	•					
□ Violin □ Vio □ Piano □ Vio	<del>-</del> ···· ·					
□ Voice □ Ce	<del>- · · ·</del>					
□ SECE □ Ba						
□ SE	ECE					
☐ Harp						
	ne Week Chamber					
Intensive Chamber Music Program	(July 16-29)					
MUST BE SIGNED	BY A PARENT OR (	GUARDIAN IF STUDENT IS UNDER AGE 18				
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.						
· • ·	University of Wisconsin-Ste	evens Point, the Board of Regents of the University of Wisconsin System, their				
respective officers, employees, and agents	from any and all liability. Io	oss, 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.						
An authorized adult will be in attendance and agrees to assume full responsibility for supervising this student.						
Authorized Adult Name:						
OR						
For <b>Aber Suzuki Center</b> Students over age 13 who will be attending ASI without a parent present, check this box and please contact the office to establish commuter status during ASI and sign the applicable waiver.						
I agree that typing my name below is intended to authenticate this writing and to have the same force and effect as a manual signature.						

Date

**IMPORTANT:** When the submit button is clicked, an email will pop up with the completed form as an attachment. You will need to click "Send". If this does not happen, please save the form and email it as an attachment yourself. Thank you!

Signature