

SUZUKI ASSOCIATION OF SOUTHCENTRAL ALASKA INSTITUTE TEACHER APPLICATION FORM 2008

Registration Instructions:

Complete all three pages of the registration form. Make additional copies of this form if necessary. Please print clearly. Complete one application for each teacher. Please keep a copy of all forms submitted for your records. Enclose payment in full (US funds only). **Do not send cash.** Please make checks payable to Suzuki Association of Southcentral Alaska (SASA). Mail your completed registration form with payment by **April 8th** to: SASA, P.O. Box 113215, Anchorage, AK 99511.

GENERAL

First Name:	Last Name:
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TEACHER CLASSES/TUITION (Please check the brochure for course prerequisites/requirements)

Violin Book 2 (Kathleen Spring) 6/2/08 to 6/7/08	\$375	\$
Piano Book 5 (Rita Hauck) 6/1/08 to 6/6/08	\$375	\$
TOTAL TUITION	\$	

T-SHIRT PRE-ORDER (Please select size and indicate quantities next to #)

Child's shirt	S (6-8)	M (10-12)	L (14-16)	
Adult's shirt	S (34-36)	M (38-40)	L (42-44)	XL (46-48)
Total children's t-shirts ordered:		#	X \$12 =	\$
Total adult shirts ordered:		#	X \$14 =	\$
Total t-shirt cost				\$

FEE TOTALS

Sum of total tuition from above	Total student fees	\$
Registration fee (one fee per family)	Registration fee	\$ 75
Late fee (only if postmarked 1 Jun or later)		(\$50)
T-shirt fee from above	T-shirt total	\$
Please consider a tax deductible donation to SASA	Donation	\$
Sum of all including late fee if applicable	Grand Total	\$
(Make checks payable to SASA)	Amount enclosed	\$

(Note: Your registration will not be recorded until all fees are paid. If you submit your application by the due date, you will be able to access your schedule two weeks prior to institute, if desired)

REGISTRATION CONFIRMATION SHOULD BE GIVEN TO

Name:	Phone: ()
Address:	Email:
City:	State:
	Zip:

SUZUKI ASSOCIATION OF SOUTHCENTRAL ALASKA
INSTITUTE TEACHER APPLICATION FORM
2008

NAMETAG INFORMATION (Clearly PRINT your name exactly as you wish it to appear on your nametag.)

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DIRECTORY RELEASE

I do **NOT** wish to be included in the directory which lists registered participants names, addresses and e-mails.

PHOTOGRAPHY RELEASE

I understand that SASA may take photographs and/or videos of institute participants and activities. I agree that the Suzuki Association of Southcentral Alaska may use such photographs and/or videos relating to the promotion of future activities. I relinquish all rights that I may claim in relation to the use of said photographs and/or videos.

MEDICAL RELEASE

In order to attend the Institute, each family must have a signed Medical Release Form on file. This form will enable necessary medical treatment to be given to each participant in the event of an emergency.

"I give my permission for a nurse, doctor, health center, or hospital staff to administer any necessary aid immediately to myself as listed above should I become sick or injured while attending the SASA Institute, and to do so without having to wait for specific permission. I also agree to hold harmless SASA and anyone affiliated with it for any injury incurred to any family member as a result of their participation."

Name of Trainee:	Insurance Company:
Address:	Policy/group #:
Home Phone: Cell Phone:	Family Doctor:
City, State, ZIP:	Dr.'s Phone:
Indicate special needs:	Medical conditions/allergies:

SIGNATURE MUST BE ON FILE TO PARTICIPATE IN THE INSTITUTE

I consent to the above photographic and medical releases

Teacher trainee signature _____