

Application Form

Mini Mountains & Strings

Student Name		Age	Sex
Contact Parent/Guardian	Total [)orm Beds N	eeded*
Address	CityS	tateZip _	
Phone Number ()	T-shirt size (kid sizes)	XS S M	L XL
Email	_(we will contact you via thi	s email, so c	heck it often.)
InstrumentTeacher's Name/Phone	e #		
Audition format and URL if applicable:			
*We may limit the number of uncomfortable data and available space. For information on add			
	ut here		
INSTF	UCTIONS		
1. Refer to http://www.mountainsandstrings.org/Mini-Ma 2. Mail, email or hand-deliver all application materials to:		t deadlines, fees	s, and requirements.
5	amber Music Retreat, LLC		
, ,	karalyn@quartetcamp.com		
545 Maple Dr. Rexburg ID 83440			
3. Please expect an email response within a week of subr call KaraLyn at (208)317-7291	nitting your application. If a week l	nas passed with	no response please