



UCF/Opera Orlando Summer Opera Institute 2017

Name of student _____ Age as of June 16, 2017 _____

Name of Parent or guardian (if applicant is a minor) _____

Address (include zip code) _____

Phone (home) _____ (work) _____ (cell) _____

E-mail address _____

Medical insurance _____

Policy number _____

Doctor's name and phone number _____

NOTE: Attach a brief description of your previous musical experience and current approximate level. Please also include a repertoire list and a brief essay on why you want to attend the camp.

T-Shirt (Adult sizes, circle one): X-Small Small Medium Large X-Large

PR Release and hold harmless form: UCF/Opera Orlando Summer Opera Institute 2017

I, _____ [student, or parent, if student is under 18], give permission to the UCF/Opera Orlando Summer Opera Institute, UCF Music Department, Opera Orlando, and its affiliates to photograph, audio record and/or video tape my child [or self, if student is 18 or older], _____, during the course of camp activities and performances and to use photos/audio/video for purposes of promotion and archive. I also hold employees of the UCF/Opera Orlando Summer Opera Institute and its affiliates harmless from liability during the time my child is participating in camp activities.

Parent's signature [or Student's, if 18 or older]

Date

Cost: Early Registration Tuition: \$500.00 (before May 15, 2017)
Regular Full Tuition: \$550.00 (after May 15, 2017)

Full tuition payment and application form must be postmarked no later than May 15, 2017 in order to receive the early registration rate.

Full refunds will only be issued if the applicant is not accepted or if the class is full.

On-campus housing is available at an additional cost.

Checks should be made out to: **Opera Orlando** and mailed to:

UCF/Opera Orlando Summer Opera Institute

c/o Opera Orlando
PO Box 533974
Orlando, FL 32853-3974

Amount Enclosed with this Application: \$ _____

For more information, please email opera@ucf.edu