

# Nyack

## Summer Music Camp

### July 29<sup>th</sup> – August 9<sup>th</sup>, 2019

#### at Nyack High School

Led by members of the  
**Nyack Public Schools**  
**Music Department**

Giving students an outstanding  
**Summer Music Experience**

**ORCHESTRA \* BAND \* CHORUS**  
 Open to students from grades 4-12

\*Beginner Debut Concert on Thursday **8/8/19** \*Finale Performance with **ALL** students Friday **8/9/19\***

**FEES Registration and Payment Deadline: 6/26/19**

**Half Day Attendance**

**8:30am – 11:30am**

Nyack School District \$400

Out of District \$450

**Sibling Discount:**

Older Sibling is Full Price

Each Younger Sibling is 50% off

\*No pro-rated fees or refunds for missed classes

**Full Day Attendance**

**8:30am – 2:30pm**

Nyack School District \$550

Out of District \$600

\*Elementary students who register for a **full day** will spend the afternoon session in Musicianship Classes led by Nyack Music Staff\*

**All Registration and Payments must be payable to NYACK PUBLIC SCHOOLS and mailed to:**

Nyack Summer Music Camp 2019

c/o Beth Phillips

Administration Building

13A Dickinson Avenue Nyack, NY 10960

**2019 Nyack Summer Music**  
**7/29/19 – 8/9/19 (Mon – Fri)**

Half Day 8:30am – 11:30am

Full Day 8:30am – 2:30pm

I would like to make an additional  
 Donation to the scholarship fund: \$ \_\_\_\_\_

**Total amount enclosed:** \$ \_\_\_\_\_

**Please print the following information**

Student Name: \_\_\_\_\_

School/District: \_\_\_\_\_ Grade in Fall '19: \_\_\_\_\_

Instrument: \_\_\_\_\_ # of years played: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

I agree to the terms above: \_\_\_\_\_

Parent/Guardian Signature