

**Birch Creek Chamber Music Retreat**  
**A Music Escape to Beautiful Door County!**  
**August 18-21, 2021**

**Application for Admission**

All information is required. Enrollment is accepted on a first come, first served basis.  
Applicants must perform at a medium/intermediate level.

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  Male  Female

Primary Instrument: (Circle One)

Flute/Piccolo	Oboe	Horn	Bb Clarinet	Piano	Bassoon
Violin	Viola	Cello	Bass		

Secondary Instrument: (Circle One)

Flute/Piccolo	Oboe	Horn	Bb Clarinet	Bass Clarinet	Bassoon
Violin	Viola	Cello	Bass	Piano	

Do you play in a Chamber group(s)? If yes, name of group(s):  Yes  No \_

**Session Date: August 18-21, 2021**

## Tuition & Fee(s)

### Summer camp for Adults Tuition\*

Instructional Fee (includes breakfast & lunch) \$325 per person

Total number of people \_\_\_\_\_ X \$325 = \$ \_\_\_\_\_

I will be commuting back and forth from home or a motel  Yes  No

### Camp Housing Availability: Limited number available - first come, first serve basis

Motel Style Room 3 nights X \$80 night = \_\_\_\_\_

Bunk Bed Housing 3 nights X \$30 night = \_\_\_\_\_

*(Nights included: Aug 18, 19, 20 – Non-participants are not allowed in sleeping rooms, dining hall, or practice/rehearsal spaces due to COVID-19.)*

Total Due \_\_\_\_\_

Amount Enclosed \* \_\_\_\_\_

Balance Due \_\_\_\_\_

If interested in early arrival and/or stay over, please contact Birch Creek for availability and additional costs.

**\*A non-refundable deposit of \$75 (minimum, part of tuition) per session is due with completed application.**

**\*If staying on Birch Creek campus, full payment of housing is required with application.**

## Payment information

Master Card  Visa  Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CVN # (security code) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**Please send this application and deposit to Birch Creek:**

**Email: registrar@birchcreek.org**

**Fax: (920) 868-1643**

**PO Box 230, Egg Harbor, WI 54209**

**Thank you!**

**We look forward to seeing you soon!**