

MWROC 2014 APPLICATION FORM LAST NAME FIRST NAME MIDDLE INIT. DATE OF BIRTH STREET STATE ZIP/POSTAL CODE COUNTRY CAMPER CELL PHONE **HOME or OTHER PHONE** E-MAIL ADDRESS TO BE USED FOR ALL COMMUNICATION OCCUPATION OR GRADE NEXT FALL (specify HS, College, etc.) SCHOOL ATTENDING NEXT FALL LOCATION IF YOU ARE AN EDUCATOR, DO YOU TEACH IN A SCHOOL SYSTEM OR ARE YOU A PRIVATE TEACHER? SCHOOL PRIVATE HAVE YOU EVER PARTICIPATED IN AN ELECTRIFY YOUR STRINGS! EVENT? YES___ NO___ HAVE YOU EVER ATTENDED MWROC? YES__ NO__ T-SHIRT SIZE (ADULT SIZES ONLY): XS__ S__ M__ L__ XXL__ XXXL__ DO YOU HAVE ANY FOOD ALLERGIES? YES NO If yes, please list: DO YOU HAVE A MEAL PREFERENCE?* YES___ NO___ If yes, please check one: Vegetarian ___ Vegan ___ * We can't guarantee that the cafeteria will be able to accommodate special dietary requests but your answers will help us in our planning. WHAT INSTRUMENT(S) WILL YOU BE USING AT CAMP? (IF YOUR PRIMARY INSTRUMENT IS VOCALS, PLEASE INDICATE) PRIMARY INSTRUMENT ELECTRIC / ACOUSTIC # YRS PLAYED MAKE (BRAND) / MODEL (if applicable) YOU WILL BE USING AT CAMP SECONDARY INSTRUMENT ELECTRIC / ACOUSTIC # YRS PLAYED MAKE (BRAND) / MODEL (if applicable) REPERTOIRE: ANY OTHER UNIQUE TALENTS YOU WOULD LIKE TO SHARE WITH US? FOR CAMPERS UNDER 18 YEARS OF AGE: PARENT 1 / GUARDIAN FULL NAME **CELL PHONE HOME PHONE WORK PHONE** PARENT 2 / GUARDIAN FULL NAME **CELL PHONE** HOME PHONE WORK PHONE PARENT/GUARDIAN E-MAIL ADDRESS TO BE USED FOR ALL COMMUNICATION WHO HAS LEGAL CUSTODY? PARENT/GUARDIAN 1 [] PARENT/GUARDIAN 2 [] JOINT [] OTHER [] ____ If you would like to share a room with someone at MWROC, let us know and we will do our best to accommodate your request! Maximum of 2 campers per room. CAMPER SIGNATURE: FOR CAMPERS UNDER 18 YEARS OF AGE: PARENT/GUARDIAN NAME (PRINTED): DATE: PARENT/GUARDIAN SIGNATURE: DATE: ___

CREDIT CARD #

EXPIRATION DATE

CARD TYPE

A credit card must be on file for the dormitory security deposit