Personal Information ~ please print with black ink or type	
Name:	
Age: Sex: M F Birth Date:	
Address:	
City:	State: Zip:
Phone: ()	_
Cell: ()	
Email:	
Grade Entering 2024-2025 School Year:	
Grade/Junior High Student Grade	High School Student Grade
College Student	Amateur Adult
T shirt size (adult sizes ~ circle one): S M	L XL
Accommodations desired:	
I will need host family accommodations. (Stude	nts under age 18 will be given preference)
I will find my own accommodations (not supervise	sed and at your own expense)
<u>Medical Record</u> : Please state if you have any special medical condition that	t we or a Doctor should know about in case of an emergency
Do you have any special allergies?	
Person to be notified in case of an emergency:	
Name:	Phone: ()
Release:	
	ne) has my permission to attend the Summer Flute Retreat al Church of Peru will not assume any responsibility for any

injury or serious illness to students in the Summer Flute Retreat. In case the services of a physician are required, I will be responsible for all charges.

I hereby give the Summer Flute Retreat the right and permission to copyright and/or publish photographs taken while at the retreat. I agree that the photograph becomes the exclusive property of the Summer Flute Retreat and I waive all right thereto.

Date:

Name (if minor child, parent or guardian must sign)

Early Registration Deadline is May 31, 2024. Tuition \$350.00 if postmarked by 5/31/24. \$365.00 if postmarked after 5/31/24. A non refundable \$50 tuition deposit must accompany this application. Please make checks payable to "Illinois Valley Flute Ensemble" and return to Sue Gillio, Coordinator; Music Suite 408, 408 Fifth St, Peru, IL 61354

Illinois Valley Flute Ensemble Scholarship: \$50 Scholarships will be issued toward SFR tuition if registration is postmarked 5/31/2024.