

22<sup>nd</sup> Annual Summer Flute Retreat  
First Congregational Church 1431 Fourth St Peru IL 61354  
FLUTE RETREAT REGISTRATION FORM

*Personal Information ~ please print with black ink or type*

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

Age: \_\_\_\_\_ Sex: M F Birth Date: \_\_\_\_\_

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_ Grade/Junior High Student Grade \_\_\_\_\_ High School Student Grade \_\_\_\_\_

\_\_\_\_ College Student \_\_\_\_\_ Amateur Adult

\_\_\_\_ Auditor (Advanced Registration ~ \$90.00 per day)

T shirt size (adult sizes ~ circle one): S M L XL

**Accommodations desired:**

\_\_\_\_\_ I will need host family accommodations. (Students under age 18 will be given preference)

\_\_\_\_\_ I will find my own accommodations (not supervised and at your own expense)

**Medical Record:**

*Please state if you have any special medical condition that we or a Doctor should know about in case of an emergency.*

Are you vaccinated for Covid 19? Y/N \_\_\_\_\_ (If yes, proof of vaccination required)

*Unvaccinated participants will be asked to provide negative Covid tests throughout the week and maintain additional safety protocol based on need at the time of Summer Flute Retreat.*

Do you have any special allergies? \_\_\_\_\_

Person to be notified in case of an emergency:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Release:**

\_\_\_\_\_ (Student Name) has my permission to attend the Summer Flute Retreat. The Illinois Valley Flute Ensemble, or First Congregational 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, 2022.** Tuition \$345.00 if postmarked by 5/31/22. \$360.00 if postmarked after 5/31/22. 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