

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 2026-2027 School Year:

____ Grade/Junior High Student Grade _____ High School Student Grade _____

____ College Student Grade _____ Adult _____

____ How long have you been playing the flute?

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

Medical Record:

Please state if you have any special medical condition that 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:

_____ (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) _____

Mini Camp Fee: \$250.00 ***

****Mini Camp DOES NOT include lunch. (If lunch is requested there is an additional \$25 for the week. Those students should arrive at 12noon)**

Early Registration Deadline is May 31, 2026. 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 5/31/2026.