

AUDITOR APPLICATION FORM

(Please print clearly or type)

Ms.

Mr.

Last

First

Date of Birth (*applicants must be born before 8/5/90*):

Mo. _____ Day _____ Year _____

Current Mailing Address:

Number & Street

Apartment #

City

State

Zip Code

Country

(____) _____ (____) _____

Telephone No.

Cell Phone No.

Email Address

Emergency Contact Information

 (*please provide two*):

1. _____

Full Name

Relationship

(____) _____ (____) _____

Telephone No.

Cell Phone No.

2. _____

Full Name

Relationship

(____) _____ (____) _____

Telephone No.

Cell Phone No.

Sessions

 (check all that apply):

- Attendance fee is \$100 per session, per day
- A \$100 discount will be given for a full week of sessions (5)

Monday, August 4, 2008

Tuesday, August 5, 2008

Wednesday, August 6, 2008

Friday, August 8, 2008

Saturday, August 9, 2008

Full Week, (5) Sessions

The Following Materials Are Enclosed:

(*incomplete applications will not be considered*)

Official Auditor Application Form

Proof of Age

\$25 Non-Refundable Application Fee

Application Deadline: **Postmarked on or before May 15, 2008**

Make Checks/Money Orders Payable to: **Buffet Crampon USA, Inc.**

Mail To: **Buffet Crampon USA, Inc.**

Attn: Mary Marshall

2008 Summer Clarinet Academy

14125 Beach Boulevard

Jacksonville, FL 32250-1543

Applications postmarked after May 15, 2008 will only be considered subject to enrollment.

The information in this application is true to the best of my knowledge. I understand that the Buffet Crampon USA, Inc. 2008 Summer Clarinet Academy reserves the right to dismiss auditors who have submitted false or misleading information in the application.

If I am accepted as an auditor of the Buffet Crampon USA, Inc. 2008 Summer Clarinet Academy, I agree not to bring any alcoholic beverages, illegal drugs or firearms onto University of North Florida or Buffet Crampon USA, Inc. premises. I agree not to engage in the use of illegal drugs while an auditor of the Buffet Crampon USA, Inc. 2008 Summer Clarinet Academy.

I understand that as an Academy Auditor I will be invited to attend and observe Academy events including masterclasses, lectures, and performances. I understand that I will not perform and will not receive or audit private lessons.

Auditors are expected to conduct themselves with honesty and character while attending the Buffet Crampon USA, Inc. 2008 Summer Clarinet Academy. Non-compliance and disruption can result in an auditor's dismissal without refunding any part of fees or tuition paid

I hereby give my consent, while an auditor at the Buffet Crampon USA, Inc. 2008 Summer Clarinet Academy, to participate in Academy radio, television, webcast, and transcribed programs without compensation and for photographs to be used in Academy-approved publications.

I understand a non-refundable tuition deposit of \$100 is required within fourteen (14) days of date of acceptance letter. Full tuition payment is due by July 15, 2008.

Signature of Applicant

Date