



**BREAKAWAY FLUTE VACATION 2017
WITH SPECIAL GUEST COACH, KEITH UNDERWOOD
SEPTEMBER 7 – SEPTEMBER 10
Depoe Bay, Oregon**

REGISTRATION

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

E-MAIL: _____

Class Registration Fee: \$375 . If not staying in one of the on-site rooms in the house, there are many motels to choose from in the area.

The weekend begins on Thursday evening. Please arrive at the property (address to be provided) at 6:30 PM. We will enjoy a welcome dessert, review our upcoming schedule and have an ensemble session. A group breakfast will be provided on Sunday 8:45-10:15 AM for final goodbyes.

Bring the following materials: flute(s) in good working order, music stand that can be raised for playing standing up, tuner, metronome, battery operated stand light if need, pencil. Bring solos that you want to work on with the coaches. Ensemble pieces will be provided.

Please send registration fee by **June 30th to reserve your spot**. NO CANCELLATIONS AFTER JULY 30. If cancelling prior to 7/30, all fees minus \$50 will be refunded. Mail payment and form (both pages) to: Flute Alliance, 10275 SW Hoodview Drive, Tigard, Oregon 97224. Questions? Contact Denise Westby: triowest@comcast.net or 503-624-0553.

QUESTIONNAIRE

What instruments do you have access to bring (flute/picc/alto/bass)? _____

How many years have you played flute? _____ If you have studied privately, for how long and with whom? _____.

What repertoire are you currently playing (etudes/solos/ensemble music)?

Do you currently play in an ensemble? Yes/No If yes, which?

What do you feel is the strongest part of your playing? _____

What do you feel is the weakest part of your playing? _____

What do you look to accomplish at this BreakAway Vacation? _____

A private lesson may be available with Mr. Underwood. Are you interested?

RELEASE FORMS

Medical Care Consent & Liability Release:

By signing this form you hereby authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for yourself in an emergency. You also agree that neither you nor your representatives will bring any claims of any kind against Flute Alliance instructors, operators or sponsors as a result of any injuries, expenses, or damages that you may suffer in connection with your participation in the BreakAway Flute Vacation, whether such claims are known, unknown, or may arise in the future. You also understand that no one associated with the BreakAway Flute Vacation is authorized to alter modify or waive any of the terms of this agreement in any way.

Signature of Participant

Date

Name of Insurance: _____ Insurance policy #/ID #: _____

Emergency Contact Name and Phone Number: _____

Allergies/medical conditions: _____

Photographic Release:

By signing this form you irrevocably grant Flute Alliance the absolute right and permission to copyright and/or publish or use photographs of you. You also grant Flute Alliance the same right and permission to use any statements or testimonials made by you if they so choose.

Signature of Participant

Date