

# Adult 2010 Workshop Registration Form

A Non-refundable deposit of \$25.00 is required with registration form.  
PLEASE DUPLICATE THIS FORM FOR YOUR RECORDS

PLEASE PRINT CLEARLY Membership # (required): \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Church Name: \_\_\_\_\_  
 Church Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

_____ Adult Fellowship Member Registration - before May 15	\$175.00	\$ _____
<i>**Member in good standing is one with expiration date of July 2010 or later.</i>		
_____ Adult Fellowship Member Registration - after May 15	\$200.00	\$ _____
_____ Non Member Registration - before May 15	\$225.00	\$ _____
<i>To join The Fellowship and get member rate, please contact the National Office, 800-954-8977 for a membership number.</i>		
_____ Non Member Registration - after May 15	\$250.00	\$ _____
_____ Room & Meals*	Single: \$275.00	\$ _____
	Double: \$235.00	\$ _____

I wish to room with: \_\_\_\_\_

_____ I plan to stay off campus.	Facility Fee*	\$10.00	\$ _____
<i>*If you plan to stay off campus, you must pay the facility fee.</i>			
_____ Daily Commuter - No. of days _____ x \$65.00 per day			\$ _____
_____ Scholarship Donation	Grant Pulen		\$ _____
	Rosie-Jean		\$ _____

Checks should be made payable to:  
The Florida Chapter and mailed to  
Rose Frazee, Registrar  
4851 South Apopka-Vineland Road  
Orlando, Florida 32819

Sub-total	\$ _____
Less Deposit	\$ _____
Balance Due by June 15	\$ _____

\_\_\_\_\_ I understand that photos of the workshop will be taken to be used in future publicity.  
(Please initial)

# Youth & Middle School 2010 Workshop Registration Form

A Non-refundable deposit of \$25.00 is required with registration form.  
PLEASE DUPLICATE THIS FORM FOR YOUR RECORDS

PLEASE PRINT CLEARLY Year In School as of Fall 2010: \_\_\_\_\_  
 Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Director's Name: \_\_\_\_\_  
 Church Name: \_\_\_\_\_  
 Church Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

_____ Youth/Middle School Registration - before May 15	\$75.00	\$ _____
_____ Youth/Middle School Registration - after May 15	\$100.00	\$ _____
_____ Room & Meals (Double only)	\$235.00	\$ _____
_____ Chaperone Registration Includes room and meals.	\$235.00	\$ _____
_____ Chaperone Fee: See Note below	\$40.00	\$ _____

**ATTENTION MUSIC DIRECTORS/PARENTS:**  
*All Middle School students must be accompanied by a chaperone.  
 If your student is not attending with a chaperone, please include the  
 Chaperone Fee per student and one will provided for you.*

Checks should be made payable to:  
The Florida Chapter and mailed to  
Rose Frazee, Registrar  
4851 South Apopka-Vineland Road  
Orlando, Florida 32819

Sub-total	\$ _____
Less Deposit	\$ _____
Balance Due by June 15	\$ _____

\_\_\_\_\_ I understand that photos of the workshop will be taken to be used in future publicity.  
(Please initial)

**MEDICAL RELEASE FORM ON REVERSE SIDE**  
**Registration must be accompanied by completed Medical & Emergency Release Form.**

Separate here

# Medical Info & Emergency Treatment Release Form

**\*Must be signed by parent or guardian  
and submitted with the registration form.**

Student's name: \_\_\_\_\_

Has there been any recent exposure to a communicable disease?

NO  YES If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Any reactions to medications, insect bites, etc?

NO  YES If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Any history of medical problems we need to be aware of?

NO  YES If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Present Medications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the case of an emergency illness or accident, the Workshop Dean will make every effort to contact the parents or guardian as soon as possible. In the event contact is not made, we require emergency permission to treat your child as needed. This form must be signed by a parent or legal guardian.

In the event that \_\_\_\_\_ suffers an illness or accident requiring emergency medical treatment, medicine, surgery and/or hospitalization while attending the 2010 Youth Music Workshop sponsored by The Florida Chapter of the Fellowship of United Methodists in Music and Worship Arts, I hereby grant my permission for any necessary treatment as authorized by a licensed medical physician, understanding that I will be contacted as soon as possible.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Nighttime Phone: \_\_\_\_\_

# Rosie-Jean Scholarship Application For First Time Adult Attendees to the Church Music Workshop

Please complete all the information and return the form to the address below.

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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

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

Position/Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of recommending Fellowship Member: \_\_\_\_\_

Letter of recommendation must accompany this application.

Please answer the following questions on a separate page and include with this application.

1. How are you involved in your church's music ministry?
2. How will this scholarship benefit you and your service to the church?

\_\_\_\_\_ I understand that this scholarship is good for one (1) FIRST TIME registration fee to the annual Church Music Workshop and further understand that I must pay for my own room and board (\$235.00).

\_\_\_\_\_ I understand that I must join the Fellowship upon attending the workshop.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return complete form and recommendation letter to  
Rose Frazee, Workshop Registrar,  
4851 South Apopka-Vineland Road, Orlando, FL 32819**

**This form must be sent with your registration form.**

**APPLICATION DEADLINE - MAY 15**  
*Two (2) Scholarships are available for this year's workshop.*