

ITHACA COLLEGE SUZUKI INSTITUTES 2006

Registration Form — Side A

Please print.

Please complete sides A and B of this form.

Application No. _____

Registration for Suzuki Student Institute

STOP! If you are registering more than one student, please photocopy this form.

NAME _____
Last First Middle

Female Male Age as of July 1 _____

ADDRESS _____
Number and street

City State Zip

E-MAIL _____

INSTRUMENT: Violin Viola Cello

CHOICE OF WEEK(S): July 9–14 July 16–21 July 9–21

Driving to campus daily more than 20 miles? Yes No

Supply **COMPLETE** information for the following:

Level: Studying, as of today's date, book no. _____

Title of piece Movement Composer

Teacher's name and phone number

ENRICHMENT OPTIONS (see descriptions and indicate choices)

1st _____ 2nd _____ 3rd _____

Registration for Advanced Repertoire and Preludio Programs

NAME _____
Last First Middle

Female Male Age as of July 1 _____

ADDRESS _____
Number and street

City State Zip

E-MAIL _____

INSTRUMENT: Violin Cello

Driving to campus daily more than 20 miles? Yes No

Level: Studying, as of today's date:

Title of piece Movement Composer

Teacher's name and phone number

PROGRAM DATES: July 9–21 (violin and cello)
 July 2–21 (preludio violin only)
 July 9–21 (preludio cello only)

Recording: included to be mailed by May 15

PARENT/GUARDIAN

NAME _____
Last First Middle

TELEPHONE (_____) _____ (_____) _____
Day Evening

E-MAIL _____

The student will be accompanied by (check one):

Both parents One parent Adult designated by parent*

No one—student is 12 by July 1, 2006,
and will reside in teen residence hall

* If the student will not reside in the teen residence hall and a parent will not attend, give the name and address of the adult who will be responsible for your child:

Name _____

Address _____

Parent's signature _____

For advanced repertoire and Preludio Program students in teen residence hall only: emergency phone numbers of parent during institute

(_____) _____ (_____) _____
Day Evening

Registration for Suzuki Teacher Institute

NAME _____
Last First Middle

ADDRESS _____
Number and street

City State Zip

TELEPHONE (_____) _____ (_____) _____
Day Evening

E-MAIL _____

I wish to enroll in (check applicable boxes):

Short-Term Teacher Training Courses

- Every Child Can! (552-74000) July 10
- Violin Book 1 (552-74100) July 11–20
- Violin Book 2 (552-74200) July 10–14
- Violin Book 3 (552-74300) July 17–21
- Violin Book 4 (552-74400) July 10–14
- Violin Book 8 (552-74800) July 10–14
- Mozart Concertos (552-77541) July 17–21
- Violin Practicum (552-78300) July 17–21
- Viola Book 5 (552-74500) July 10–14
- Cello Book 1 (552-74100) July 10–14
- Cello Book 2 (552-74200) July 10–14
- Cello Book 3 (552-74300) July 17–21
- Cello Book 6 (552-74600) July 17–21

Core course registrants complete the following:

- Enrolling as a participant for graduate credit
- Enrolling as a participant, noncredit
- Enrolling as an auditor, noncredit

If you are applying for a course as a participant, check one of the following boxes:

- VHS videotape or VHS-C, to be mailed to SAA by May 12 (see "Application for Short-Term Courses" for further details)
- SAA tape pending
- VHS videotape/audiotape/DVD/CD enclosed with application (books 5 and above), to be mailed to Ithaca College by May 15
- Previously completed SAA videotape requirement

Participants enrolling as auditors need not submit a videotape audition.

List previous Suzuki courses with location and instructor:

Teacher Observation of the Suzuki Student Institute

July 10–14 July 17–21

REQUIRED OF ALL PARTICIPANTS

REGISTERING FOR GRADUATE CREDIT:

Date of birth _____ Social Security no. _____

Have you attended Ithaca College before? Yes No

If yes, when _____ Maiden name _____

How many Ithaca College credits have you earned? _____

I certify that I have a baccalaureate degree from

College or university _____ Year _____

Student's signature _____

Suzuki Institutes registration deadline: May 15, 2006

SAA application deadline for core course registrants (credit and noncredit only): May 12, 2006

Individuals with disabilities requiring accommodation should contact the Suzuki registrar at 607-274-3702 or suzuki@ithaca.edu as much in advance of the event as possible.

ITHACA COLLEGE SUZUKI INSTITUTES 2006

Registration Form — Side B

Housing and Meals Form

List all persons who will be coming together to Ithaca College for the institutes, regardless of age and place of residence during the institutes. If you are requesting multiple rooms, put brackets around the names of those persons who will share a room.

| Name (print) | Status Code* | Female | Male | Age (if under 18) | On-Campus Meal Plan | | On-Campus Housing** | |
|--------------|--------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | | Yes | No | Yes | No |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Teen residence hall (advanced repertoire and preludio programs only) roommate request (name): _____

***Status Code**

- | | |
|---------------------------------|-----------------------------------|
| A—Enrolled in student institute | D—Child not enrolled in institute |
| B—Enrolled in teacher institute | E—Adult not enrolled in institute |
| C—Parent or parent designee | |

****Type of Housing Desired**

Write "1" for first choice, "2" for second choice.

| | Total beds | Total additional children under 12 allowed at no charge | Maximum occupancy |
|-------------------------------------|------------|---|-------------------|
| ___ Standard residence hall, single | 1 | 0 | 1 |
| ___ Standard residence hall, double | 2 | 1 | 3 |
| ___ Standard residence hall, triple | 3 | 0 | 3 |
| ___ Single Emerson room and bath | 1 | 1 | 2 |
| ___ Double Emerson room and bath | 2 | 1 | 3 |
| ___ Triple Emerson room and bath | 3 | 0 | 3 |
| ___ Studio Garden apartment | 2 | 0 | 2 |
| ___ Two-bedroom Garden apartment | 4 | 0 | 4 |
| ___ Three-bedroom Garden apartment | 6 | 0 | 6 |

For each additional child under 12 housed free, you must provide a cot or sleeping bag and linen.

Families who desire housing together as a group should submit early applications in one envelope with this request clearly stated. Give names of families and type of housing desired. These requests can be honored only on a space-available basis.

Please send me a list of other accommodations and area campgrounds.

Special Concert Tickets

Please reserve tickets for the New Zealand String Quartet concert on Tuesday, July 18, as follows:

| | | |
|------------------------------|---|----------|
| ___ Adult ticket(s) at \$17 | = | \$ _____ |
| ___ Student ticket(s) at \$6 | = | \$ _____ |
| TOTAL | | \$ _____ |

There will be no refunds issued for unused tickets.

Name to hold tickets under:

Please note that students staying in the teen residence hall will receive complimentary tickets.

REGISTRATION AND PAYMENT

Send completed forms and a deposit of \$100* to **Suzuki Institutes, Office of Conference and Event Services**
Ithaca College, 201 Egbert Hall, Ithaca, NY 14850-7071

or fax the forms to **607-274-1867** using the credit card authorization section below.

**This is the maximum amount that should be sent.*

Payment: Make checks payable to Ithaca College. Remit in U.S. funds only. Payment may also be made by MasterCard, Visa, or Discover by using the authorization form below. You will be billed for the balance due.

Credit Card Authorization

I authorize Ithaca College to bill \$ _____ to my account as follows:

Check one: MasterCard Visa Discover

Card number _____ Expiration date _____

Cardholder's name (print) _____

Cardholder's complete address _____

Cardholder's signature _____

Registration deadline: May 15, 2006