**African Music Intensive with Kinobe & Soul Beat Africa**
**July 2-5, 2009**
**Application**

**Mail completed application with payment to**: **Class Acts on Tour**
**P.O. Box 653**
office: 410-374-9059 cell: 252-202-0865 **Hampstead, MD 21074**
mtfarmer@classactsontour.com
www.classactsontour.com

This workshop will be held on the Outer Banks of North Carolina.
All information is required. Enrollment is considered on a first-come, first-served basis. No refunds.
If you would like additional information, please feel free to contact Class Acts On Tour at any time.

Name: _____ _____
Last First Middle Age
Address: _____
_____
Home Phone: (____) _____ Work Phone: (____) _____
Cell: (____) _____ E-Mail: _____
Emergency Contact: _____
Address: _____
_____
Home Phone: (____) _____ Work Phone: (____) _____
Cell: (____) _____ E-Mail: _____

1) Describe your musical background: *(use additional documents as needed)* _____
_____
2) Do you have experience playing African music? __ yes __no If yes, please describe:
_____
3) Do you have/will you bring traditional African instruments? __ yes __no If yes, please specify:
_____
4) How did you hear about us? __Teacher __Friend __Brochure __Ad __Website __Poster __ Email
5) Will you be accompanied by a spouse/partner/friend? __ yes __no
6) Will this person take place in musical sessions? __ yes __no Housing / food / concerts? __ yes __no
7) Would you like to spend the weekend in a shared room with another musician in your program? __ yes __no
8) Do you have any special dietary needs? If yes please list: _____
_____
9) Do you have any special health considerations / allergies? If yes please list: _____
_____

WAIVER OF LIABILITY
I hereby authorize the staff of Class Acts on Tour to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the camp from any and all liability for any injuries, illnesses or lost property incurred while at camp. I have no knowledge of any physical impairment that would be affected by my participation in the camp program as outlined in the brochure. By submitting this application, I also state that I am covered by my personal medical insurance policy. This waiver of liability expressly includes transportation to and from, or in connection with, said camp in any vehicle operated by Class Acts on Tour. I, the undersigned, have read, understand and accept the terms of this acknowledgement of risk/waiver of liability form. I further acknowledge that no oral representations concerning this document have been made to me as an inducement to signing this document. **Signature** _____ **Date:** _____

**I have answered all the above questions to the best of my ability and believe my answers are true and correct.**

**Signature** _____ **Date:** _____

Application must be accompanied by a non-refundable check or money order payable to Class Acts On Tour.

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| **FEES** | Full tuition, single room and board: | $950 |
| | Full tuition, room and board in shared housing with another participant. | $800 |
| | Full tuition, meals, no lodging | $550 |
| | Spouse / partner / friend who will not be participating in music classes. | $550 |
| | ___ separate beds (in the same room) ___one king/queen sized bed | |

*Thank you! Please contact us if you have any questions, or we can be of service to you in any way.*
*Margie T. Farmer, Director, Class Acts On Tour*