



SUMMER HIGH SCHOOL MUSIC THEATRE CAMP APPLICATION: JUNE 22-JUNE 28, 2025

Name:	Date of Birth:
Street Address:	Email:
City:	State: Zip Code:
Home Phone:	Cell Phone:
In case of emergency, phone number:	
Emergency Contact:	
Relationship to contact:	
Current Grade (9-12):	_ High School:
Voice Type:	Teacher:
Resident \$640 Commuter with 2 meals dail	y \$540 Commuter with no meals \$440
DUE BY MAY 16, 2025. Limited Scholarships me please attach a brief response to the following proround share any challenges you face in affording this	l be sent by email by April 21 with <u>Final Payment</u> hay be available. If you are requesting assistance, mpt: "Tell us about your passion for musical theatre is opportunity." / Dance Experience: Jazz Ballet Tap
APPLICATION MATERIALS CHECKLIST:	
Application Letter of recommenda	ation
2 Vocal Selections (email link to <u>cjones@mus</u>	skingum.edu)
\$50 deposit (Non-refundable) Check or mone	ey order made payable to: Muskingum University
measures and recommended guidelines to ensure	G: Although the University will follow reasonable my health and safety, I agree to assume any and all exposure to COVID-19. All images and recordings attre CAMP.
Student Signature:	
Parent or Guardian Signature:	
Completed applications and materials can be mail	ed, or sent electronically to:
Carol Wilcox-Jones, CAMP Director Summer H.S. Music Theatre CAMP Muskingum University	

cjones@muskingum.edu: 740-826-6210 / Music Department: 740-826-8095

260 Stadium Drive, New Concord, Ohio

43762-1837