

2022 Registration Form



Name: _____

Age (If under 18): _____ Name of chaperone (**REQUIRED**): _____

Address: _____

City / State / Zip: _____

Phone: _____ Email: _____

Please complete 1-5 below.

1. I WILL BE ATTENDING: _____ Week 1 (June 5-10) _____ Week 2 (June 12-17)

2. TUITION OPTIONS:

____ Option 1A – **\$450** – Tuition and meals.

____ Option 1B – **\$470** – Tuition and gluten-free or vegetarian meals.
Indicate one or both: _____

____ Option 2A – **\$395** – Tuition and meals for current (**paid in 2022**) members of the Montana State Old-Time Fiddlers Association. Must provide proof of membership at registration. See montanastateoldtimefiddlers.org for membership information.

____ Option 2B – **\$415** – Tuition and gluten-free or vegetarian meals for current members of MSOTFA (see option 2A).
Indicate one or both: _____

____ Option 3 – **\$310** – Tuition only (for students preparing their own meals).

____ Option 4A – **\$215** – Meals only (for chaperones and non-playing family members). This option does not include tuition for classes.

____ Option 4B – **\$235** – Meals only, gluten-free or vegetarian (see option 4A).
Indicate one or both: _____

3. ACCOMMODATIONS:

____ Motel / Other off-site accommodations

____ Camping without hook ups (water and power) will be an **additional \$25 for the week**.
You will have access to public bathroom and shower facilities.

____ Camping with hook ups (water and power) will be an **additional \$75 for the week**. You will have access to public bathroom and shower facilities. Hook ups are limited. **Early registration receives preference.**

Provide the following information if you are camping in a tent or RV:

____ Tent _____ RV _____ Length of Camper or RV

If you anticipate late-night jamming in your camp, please ask to be parked near the church when you arrive.

4. CLASS LEVELS (CHOOSE ONE):

Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____

See brochure for more information about class levels.

5. CLASS CHOICE: _____ Fiddle _____ Guitar _____ Mandolin (week 1 All Levels, week 2 Levels 2/3)

____ Bluegrass Banjo (week 1 only) _____ Clawhammer Banjo (week 2 only)

____ Cello (week 2 only) _____ None

**Camp rules and FAQ can be found on the website
montanafiddlecamp.org**

CONTINUED ON NEXT PAGE 

REGISTRATION FORM CONTINUED....



\$100 DEPOSIT PER WEEK IS DUE WITH YOUR REGISTRATION

Make checks payable to: MSOTFA

Your balance is due the day of your arrival. We accept cash, check, and all forms of electronic payment upon arrival. Please see FAQ at montanafiddlecamp.org for more information.



MAIL REGISTRATION FORM AND YOUR DEPOSIT TO:

Fiddle Camp Registration, Attn: Jill Flikkema, PO Box 459 Three Forks, MT 59752

REGISTRATION & REFUND POLICY

When we receive your registration, you will receive a confirmation letter either by email or mail. If you do not receive the confirmation letter within two weeks, contact the camp secretary. **Deposits are non-refundable after April 1, 2022.**

Fred Buckley, Camp Director: 406-320-1150, buckley319@gmail.com

Jill Flikkema, Camp Secretary: montanafiddlers@gmail.com

SUPERVISION POLICY

Students 17 and under are required to be accompanied by a parent or legal guardian. Unacceptable behavior by children or adults will not be tolerated and will result in immediate dismissal. Furthermore, tuition WILL NOT be refunded.

The following is required if the registrant is 17 or younger.

Parental Authorization To Seek Medical Treatment And Agreement To Pay For Services For:

_____ (Printed name of camp participant if under 18 years of age)

I understand that there are risks of physical injury while participating in camp activities. The Montana Fiddle Camp will do its best to minimize these risks. I understand that the Montana Fiddle Camp does not carry health insurance covering illness of injury for the participants in the program and I have included the name of my insurance company on this application.

I hereby authorize the staff or volunteers of the Montana Fiddle Camp to use their best judgement to obtain medical treatment for my child in any emergency. I hereby authorize any required medical services for my child, and agree to be responsible for the payment of those services.

Parent/Guardian Signature _____

Printed name of parent/guardian _____

Insurance _____

Group Number _____

Students 17 and under are required to be accompanied by a parent or legal guardian

QUESTIONS?

Contact Fred Buckley at 406-320-1150 or Jill Flikkema at montanafiddlers@gmail.com