

# July 7 - July 18, 2025

For over 60 years, Sarasota
Orchestra has made music education
a priority for aspiring young musicians
by providing an unparalleled
experience for students at all levels,
beginner through advanced.

This two-week, fun musical learning experience is open to students of all abilities for string, woodwind, brass, and percussion. Daily instruction at the Orchestra Center will include rehearsals in a large ensemble, an instrument technique, and an elective class. Elective classes change each year but can include one of the following: music theory, rhythm, ear training, audition prep, sight-reading, and so much more. On the final day, we move to Riverview High School to present our end of camp concert. Auditions are NOT required for participation.

#### **STRINGS**

9:00 am - 12:00 pm (M-F)

Violin

Viola

Cello

Bass

Open to students ages 8-19 entering grades 3-12

#### **BAND**

1:00 pm - 4:00 pm (M-F)

Flute Trumpet
Oboe Trombone

Clarinet Euphonium

Bassoon Tuba

Saxophone Percussion

Horn

Open to students ages 11-19 entering grades 6-12

We have classes for all music levels. No auditions are required for registration.

**ENROLLMENT** is on a first come, first served basis. It is possible that the session you request may reach capacity before the June 1st deadline, so early registration is recommended. Applications received after June 1st will be considered only if space is available. An enrollment confirmation will be mailed prior to the beginning of camp.

**INSTRUMENTS** are required for each student and should be brought with them the first day of camp. Students wishing to borrow an instrument from their school should obtain permission from the school music teacher before the end of the school year. Sarasota Orchestra has a limited number of certain instruments for loan. (Inquire in advance with the Education Dept.) Area music stores also have rental instruments available. Percussion students: bring a pair of drumsticks size 2A or 5B and a practice pad – available at area music stores.

**TUITION** is \$225. This is in addition to the \$25 application fee and is due upon invoice. The tuition is only a fraction of the actual cost to Sarasota Orchestra per student. Through the generosity of many donors and numerous foundations, we are able to off-set tuition expenses.

in need of financial support and are made available by the generosity of private donors and grants (see form on opposite page). To be considered for a full tuition scholarship, you must provide full income disclosure (IRS 1040 Form, page one, front and back) and explanation of scholarship need. Full scholarships cannot be granted without this documentation.

**RECRUITMENT INCENTIVE** Do you know a student that would enjoy being a part of our program? Help us spread the word and receive \$25 off your tuition for each new student. For example - talk with 4 new students that meet the requirements below and receive \$100 off your tuition.

that have never participated in one of our programs (this includes Sarasota Youth Orchestras and Summer Music Camp). Ask the new student to apply and write your name on the space provided on the application. Incentive discount can only be used for the 2025 camp and may only be used to cover the balance of Summer Music Camp tuition. Money may not be applied to private lessons or any other program.



### **HOW TO APPLY**

- 1. Fill out the application completely.
- Return application with \$25 application fee by June 1, 2025.
   SO Summer Music Camp
   709 N. Tamiami Trail
   Sarasota, FL 34236
- 3. A confirmation postcard will be mailed within a week of receiving your application.

#### **APPLICATION**

| □T 0            |  | □ S | □P□F |  |  |
|-----------------|--|-----|------|--|--|
| office use only |  |     |      |  |  |

| STUDENT NAME   |  |  |  |  |  |
|--|--|--|--|--|--|
| Last   | Last First   |  | Nickname (Goes by)                         |  |  |
| Gender Birthday/_  | Birthday/ School (Fall '25)  |  | Grade (Fall '25)                           |  |  |
| Ethnicity (for grant purposes only. Cl  White Black or African American                                    | heck all that apply):<br>n O Asian OAmerican Indian or Alaskar   | n Native O Native Hawaiia                          | n or Pacific Islander O Hispanic or Latino |  |  |
| Home address   | City   |  | St Zip                                     |  |  |
| Home phone   | Student cell phone   | Student email                                      |  |  |  |
| How did you hear about the Summe   | er Music Camp?(I   | For Recruitment Incentive, plea                    | ase include full name)                     |  |  |
|  | If planning to attend both sessions, ple   |  |  |  |  |
| STRINGS—I will pla   | y: <b>BAND</b> —I will play:   |  |  |  |  |
| ■ Violin   | ☐ Flute  | ☐ Alto Sax   | ☐ Trombone                                 |  |  |
| ☐ Viola  | ☐ Oboe   | ☐ Tenor Sax  | ☐ TC Euphonium                             |  |  |
| ☐ Cello  | ■ Bb Clarinet  | ☐ Baritone Sax                                     | □ BC Euphonium                             |  |  |
| ■ Bass   | Bass Clarinet  | ☐ Horn   | ☐ Tuba                                     |  |  |
|  | ☐ Bassoon  | □ Trumpet  | Percussion                                 |  |  |
| Please indicate payment method  Please charge: O only the ap  CHARGE CARD #  Billing address  Name on card | pe accompanied by a \$25 ap  | Deplication fee.  Ota Orchestra VISA  O)  EXP DATE | / CVV                                      |  |  |
|  |  |  |  |  |  |
|  | SCHOLARSHIP AP   | PLICATION  |  |  |  |
| granted on a basis of need and may   | r: I am applying for a scholarship for th<br>range from 20% - 100% of the tuition.<br>scholarship information below does not | (Scholarship awards will b                         | pe indicated on the tuition invoice        |  |  |
| Note: Applicants seeking a full tuitio explanation of scholarship need.                                    | n scholarship must provide full income o   | disclosure (IRS 1040 form,                         | page one, front, and back) and             |  |  |
| Combined family income (MUST BE  | COMPLETED): \$   |  |  |  |  |

(Please attach any additional need-based information you'd like to have considered.)

Number of children in family at home (include applicant) \_\_\_\_\_ number of children in college\_\_\_\_\_

| STUDENT NAME   |  |
|--|--|
| Parent/Guardian Information: (Please prov                    | vide information for both legal guardians)   |
| #1   | #2   |
| Name   | Name   |
| Relationship   | Relationship   |
| Work phone Cell phone  | Work phone Cell phone  |
| Email  | Email  |
| Place of employment  | Place of employment  |
| Occupation   | Occupation   |
| O Single parent/guardian                                     |  |
|  | PHOTO RELEASE  |
| its own discretion at a later date.  Please initial one:     | Orchestra may choose not to use my child's photograph at this time, but may do so at NOT granted (initial) |
| т  | RANSPORTATION RELEASE  |
| your child will only be released to persons on this list.    | to and from camp. You may add or remove names at any time, but for safety reason                           |
| Parents/Guardians should be listed.                          |  |
| Person:  | Relationship:  |
| Person:  My child has permission to drive himself/herself: [ |  |

#### **MEDICAL AND EMERGENCY RELEASE**

## **Allergies & Medications** If YES, please explain: ☐ YES ☐ NO Allergic to any medicines? Allergic to any foods? ☐ YES ☐ NO If YES, please explain: Any other allergies? ☐ YES ☐ NO If YES, please explain: Please list any medications to be taken during camp and full instructions on the use of each: Medications must be sent in their original containers or commercial packaging. NO MEDICATIONS OTHER THAN THOSE LISTED MAY BE BROUGHT TO THE PROGRAM. Are there any health concerns not listed above that might affect your camper's participation in the program? YES NO If YES, please explain: \_\_\_\_\_ Sarasota Orchestra will call 911 when a medical emergency is perceived. In the case of a medical emergency, Sarasota Orchestra Summer Music Camp has my permission to transport my child, by ambulance or other emergency rescue vehicle, to the nearest hospital for treatment. (please sign below) In case of emergency, Sarasota Orchestra should contact the following in order: (Please print clearly) 1) Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ 2) Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ 3) Name: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE. Parent/Guardian Name

Parent/Guardian Signature Date



Sarasota Orchestra 709 North Tamiami Trail Sarasota, FL 34236

SarasotaOrchestra.org | 941-953-4252

NON-PROFIT ORGANIZATION U.S. POSTAGE PAID MANASOTA FL PERMIT NO. 62

### **APPLY TODAY!**

