

JAD 2008 APPLE CORPS REGISTRATION FORM – INDIVIDUAL

June 12-15, 2008

LAST NAME: _____ FIRST NAME _____ NAME ON BADGE _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: Home (____) _____ Work: (____) _____ E-Mail _____

M or F (circle one)

PRIMARY VOICE PART (One only please)

TENOR

LEAD

BARI

BASS

CHAPTER NAME: _____

T-SHIRT SIZE (Circle One)

S

M

L

XL

XXL

XXXL

Please note: All rooms will be filled on first come, first serve basis. Roommate requests will not be honored, unless roommate's registration is received in the SAME envelope. A limited number of Single Rooms are available by special request.

Single Room because _____

Ground floor because _____

SCHEDULING

Please enter the class numbers for the classes you would like to attend in the appropriate section below. Some classes may be cancelled due to a lack of interest. Others may fill up quickly and not be available. Classes will be assigned on a first come-first served basis. "Full session", & "Saturday only" are the only available tuition options. "Saturday only" will include overnight accommodations for Friday and Saturday nights.

All registrations must include full payment of tuition. There will be NO refunds or cancellations after June 1; however, registrations may be transferred if notified in writing up to the June 1 deadline. Walk-ins will be subject to a \$25 "late fee" and shall be only for available classes.

Friday (enter class number)

Saturday (enter class number)

OPTIONAL

F-1 _____

S-1 _____

I want to enroll in the Mega-Chorus

F-2 _____

S-2 _____

[] YES

[] No

F-3 _____

S-3 _____

Voice Part _____

F-4 _____

S-4 _____

TUITION & PAYMENT INFORMATION

___ **Full Session** (includes three nights lodging, two breakfasts, two lunches, two dinners and Sat. Barbecue, Show and Glow)

\$199.99

___ **Saturday Only** (includes two nights lodging, one breakfast, one lunch, and Sat. Barbecue, Show and Glow))

\$164.99

Please check one of the following:

CHECK (PREFERRED) _____

MONEY ORDER _____

VISA OR MASTERCARD _____

VISA/MC NUMBER: _____ Expiration Date: ___/___/___

Signature _____

Please make checks payable to: JAD Apple Corps There will be no refunds after 6/01/2008. All registrations must include tuition payment.

For more information contact:

Registrar Herb Shreffler (330) 882-3788 E-Mail santa_herb@yahoo.com or Denny Siwik (330) 929-7757 E-Mail: dsiwik@sbcglobal.net

RETURN REGISTRATION FORM TO : Herb Shreffler- 5144 S. Main St., Apt D - Akron, Ohio 44319