



Missouri Summer Composition Institute
July 12-18, 2009

Open to students entering grades 9th-12th and entering college freshmen

Camper Information:

Name: _____ Male Female

Parent Guardian Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Date of Birth: _____ Grade in school (completed): _____

School: _____ Teacher: _____

Primary instrument: _____ Do you have piano skills? Yes No

Do you have a roommate preference? _____

Institute Fee*: \$100 *Former COMP winners receive a full scholarship
*Checks should be sent with the completed application and be made out to **MU School of Music**.*

Health Information:

Do you have any allergies? Yes No If yes, please list: _____

Do you take any medications (that you will bring to camp)? Yes No

If yes, please list: _____

Do you have any other health issues? Yes No

If yes, please list: _____

Emergency Contacts (one must be other than a parent/guardian):

1. _____
Name Relationship Phone(s)

2. _____
Name Relationship Phone(s)

Please return application and payment to:
Creating Original Music Project • 140 Fine Arts Bldg • Columbia, MO 65211-6120