

2024 MELBOURNE ORCHESTRA SUMMER CAMP
MELBOURNE HIGH SCHOOL ORCHESTRA ROOM
COST: \$90

Students must have at least 1 year of playing experience on violin, viola, cello, or bass. Students must bring their own instruments. Students will receive a camp t-shirt and will meet new friends!

Bulldog Orchestra Camp Rising 5th, 6th, and 7th graders for 2024-2025 June 24-28, 2024 9:00-11:30 am daily Concert & pizza party on Friday, June 28 Concert at 11:00 am	Green and White Orchestra Camp Rising 8th and 9th graders for 2024-2025 June 24-28, 2024 12:30-3:00 pm daily Concert & pizza party on Friday, June 28 Concert at 2:30 pm
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Melbourne High School Orchestra Room

74 Bulldog Blvd, Melbourne, FL 32901

Orchestra Room is in Building 4, Room 68 (faces Bulldog Blvd)

Drop-off/Pick-up in the side parking lot
at the corner of Bulldog Blvd and Apollo Blvd close to Holmes Hospital
(NOT the main parking lot)

Please mail in the attached registration sheet with payment OR
Sign up and pay online here: <https://forms.gle/dBAqgRkjHjk1qLdU9>



For more information, contact: Michelle Eggen, Orchestra Director
Eggen.Michelle@brevardschools.org www.melbourneorchestra.com



**2024 MELBOURNE ORCHESTRA SUMMER CAMP
MELBOURNE HIGH SCHOOL ORCHESTRA ROOM**



COST: \$90 Check/Money Order payable to "Melbourne High School Orchestra"

Bulldog Orchestra Camp Rising 5th, 6th, and 7th graders for 2024-2025 June 24-28, 2024 9:00-11:30 am daily	Green and White Orchestra Camp Rising 8th and 9th graders for 2023-2024 June 22-28, 2024 12:30-3:00 pm daily
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Please fill out and return to:
MHS Orchestra - Michelle Eggen, 74 Bulldog Blvd Melbourne, FL 32901
If registering after June 7, please email Mrs. Eggen (eggen.michelle@brevardschools.org).
Pay online here: <https://gofan.co/event/1489347?schoolid=FL1210>

Student Name: _____ Instrument: _____

Age: _____ 2024-2025 Grade: _____ Camp Level (circle one): Bulldog Green & White

2023-2024 School: _____ 2024-2025 School: _____

Private Instructor Name (if none, leave blank): _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone Number(s): _____

Parent/Guardian Email(s): _____

Emergency Contact Name & Phone Number _____

Student T-Shirt Size (circle one): Child/Youth: S M L Adult: S M L XL

Emergency Medical Release/Consent for Treatment

If emergency medical care is deemed necessary and I or any other parent/guardian listed above cannot be contacted, I grant permission for my child to receive emergency medical treatment by the proper authorities. I do further release, absolve, and waive all claims against the Brevard County School Board, its agents and employees, and any camp organizers and/or sponsors in the event of injury to my child.

Insurance carrier and policy #: _____

Parent signature: _____ Date: _____

Any medical conditions/allergies? _____

Anything else we should know? _____