

THE SALVATION ARMY • USA WESTERN TERRITORY

2009 Western Music Institute

Please print all details and check each of the relevant boxes. Send to your Divisional Headquarters.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Corps: \_\_\_\_\_ Division: \_\_\_\_\_

Phone (please include area code): \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please check if you do not want your information included in the student directory.

T-shirt size:  XS  S  M  L  XL  2XL  3XL Birth date (m/d/y): \_\_\_\_\_

\*All delegates must have reached their 14th birthday by December 31, 2009.

<b>Select a major:</b>			Do you intend to do a solo? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> PRAISE AND WORSHIP <input type="checkbox"/> vocal <input type="checkbox"/> guitar <input type="checkbox"/> keyboard <input type="checkbox"/> bass <input type="checkbox"/> percussion <input type="checkbox"/> brass	<input type="checkbox"/> BRASS INSTRUMENTAL <input type="checkbox"/> cornet <input type="checkbox"/> flugel horn <input type="checkbox"/> horn <input type="checkbox"/> baritone <input type="checkbox"/> trombone <input type="checkbox"/> euphonium <input type="checkbox"/> Eb tuba <input type="checkbox"/> Bb tuba <input type="checkbox"/> percussion	<input type="checkbox"/> GIRLS VOCAL <input type="checkbox"/> soprano <input type="checkbox"/> middle <input type="checkbox"/> alto	<input type="checkbox"/> Brass <input type="checkbox"/> Vocal <input type="checkbox"/> Piano <input type="checkbox"/> Other Check your first and second choice from the following electives: (one each) * Audition Required. Spaces are limited in all groups.			
			1 <sup>st</sup> <input type="checkbox"/> Solo Prep - Brass (Advanced) <input type="checkbox"/> Solo Prep - Brass <input type="checkbox"/> Solo Prep - Vocal <input type="checkbox"/> Contemporary Brass* <input type="checkbox"/> Brass Group* <input type="checkbox"/> Percussion Ensemble* <input type="checkbox"/> Piano Lab	2 <sup>nd</sup> <input type="checkbox"/> Timbrels* <input type="checkbox"/> Guitar <input type="checkbox"/> Musical Theater* <input type="checkbox"/> Drama* <input type="checkbox"/> Male Chorus <input type="checkbox"/> Worship Leader Class* <input type="checkbox"/> Small Vocal Ensemble* (8-10 singers)		

DECLARATION: In signing this application, I agree to abide by WMI rules and standards of Christian fellowship and will remain at camp for the entire period unless dismissed for breach of WMI discipline.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Endorsed By: \_\_\_\_\_  
(Corps Officer)

\_\_\_\_\_  
(Divisional Music Director)

\_\_\_\_\_  
(Divisional Commander)

**HARRY HARTJES SCHOLARSHIP**  
 If you are between the ages of 16 - 20 and have attended WMI twice in the past three years, ask your DYS or DMD about applying for the Harry Hartjes Scholarship.

WMI Fee .....	\$ 350.00
Territorial Portion (for students from the Western Territory) .....	\$ 110.00
DHQ/Corps Portion .....	\$ 110.00
Student Portion .....	\$ 130.00

**PARENTAL ENDORSEMENT** (To be completed by legal guardian of students under 18 years of age.)

I wish to enroll \_\_\_\_\_ in WMI 2009. In signing this application, I agree that after a place has been secured, my child will remain through the dates specified above unless dismissed for breach of discipline. In the events of dismissal, voluntary withdrawal or illness, there will be no refund of camp fees. I also give consent for my child to travel to pre-scheduled concerts and/or events, including the concert at Bell Shelter and Tustin Ranch Corps.

The undersigned, being the legal guardian of the above mentioned minor, hereby authorizes The Salvation Army, acting through any adult officer thereof, into whose care the said minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of physician, surgeon or dentist licensed under the provisions of the state Medical Practice or Dental Practice Act.

\_\_\_\_\_  
Signed/Parent of Legal Guardian

\_\_\_\_\_  
Date

**CONSENT TO TAKE AND PUBLISH PHOTOGRAPHS** (To be signed by all delegates or legal guardian if under age 18.)

I hereby grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reused, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes. I warrant that I have not limited or restricted the use of my name or photograph to the use of any organization or person.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date