

# 2014 ENCORE SUMMER MUSIC CAMP

## S.A.P. APP!

(Staff Assistant Personnel Application)

- (Check all that apply):  **HOWARD COUNTY / June 23-27, Glenelg HS**  
 **CARROLL COUNTY/ June 29 – July 3, North Carroll HS**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Parents' names: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone # (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ I WILL / WILL NOT have a car during camp.

Present Grade: \_\_\_\_\_ School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Instrument: \_\_\_\_\_ Years of study: \_\_\_\_\_ How many years did you attend the Encore Camp? \_\_\_\_\_

Why do you want to be a S.A.P.?

Musical Experience:

Leadership Experience:

*I understand that if I am chosen to be a S.A.P. I am committing to the entire week of camp, including the Thursday/Friday afternoon/evening concerts. As a S.A.P., I will complete all assigned duties in a timely fashion, maintaining a positive attitude and setting a good example for the younger musicians at all times.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

PLEASE RETURN BY May 15<sup>th</sup>, 2014  
2468 Fairway Oaks Ct, Hampstead, MD 21074