



AMERICAN THEATRE ORGAN SOCIETY

SUMMER ADULT GETAWAY

July 20-23, 2009

Berkeley, California
and surrounding areas

2009 ATOS SUMMER ADULT GETAWAY

Application Form

(Please type or print)

In response to the overwhelming success of the ATOS Summer Camp program, ATOS is pleased to offer the Summer Adult Getaway for theatre organ enthusiasts over the age of 25. Jonas Nordwall will be the primary instructor for the event with assistance from other well-known educators. Tuition for the event is \$495, and accommodations in a nearby hotel have been arranged by ATOS.

Name _____

Home Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Are you an ATOS member? _____

*Local chapter affiliation (if any) _____

How much exposure have you had playing a theatre pipe organ?

--Check one-- ___ frequent ___ occasional ___ never

Have you played organ professionally? Yes: _____ No: _____

*If yes, in what capacity? ___ Band ___ Church ___ Club ___ Other _____

Have you had professional theatre organ lessons? _____

*If yes, name of organ instructor _____

Have you ever been a part of a restoration, installation, maintenance or conservation of a theatre pipe organ? _____

*If yes, in what capacity? _____

What other instruments do you play? _____

Please list other areas of musical study (*i.e.*: music theory, music history, band, orchestra, etc.)

Are there any specific areas of study would you especially like to have covered in this year's Summer Adult Getaway? If so, please list them below.

Signature: _____

Date: _____

Health/Emergency Information Form**

Name _____

Address _____

City/State/Zip _____

Social Security Number _____ Birth date _____

Home Phone _____ Blood Type _____

1) Do you have any health conditions (e.g., allergies, chronic medical conditions) or special circumstances (legal arrangements, and/or other circumstances) of which we should be aware prior to emergency treatment?

____ NO ____ YES (please explain, include any current medication)

2) Whom should we notify in case of an accident or medical emergency?

Name _____ Relationship _____

Address _____

Phone Number _____

3) Please give us the name of your health/accident insurance carrier(s) and appropriate policy certificate number(s):

1) Name of Carrier _____

Policy Number _____

2) Name of Carrier _____

Policy Number _____

***Providing information on this form is not required, but is requested to help ATOS in the unlikely event that an unanticipated situation or medical emergency arises during the event. Any information provided on this form shall be held by ATOS in the strictest of confidence and shall not be disclosed to any third party unless necessary to address or prevent a medical emergency.*

**Please send this application and all completed forms to
Mr. Max Brown, 7079 SW 181st Place, Aloha, OR 97007 by July 1, 2009**

APPLICATION CHECKLIST

STOP! Have you included the following items with this application?

- Your completed and signed application;
- Your Health/Emergency Information Form;
- Your tuition check/money order for \$495 (made payable to ATOS).