



AMERICAN THEATRE ORGAN SOCIETY

TECHNICAL EXPERIENCE

July 18-22, 2010

Zanesville, Ohio
and Columbus, Ohio

2010 ATOS Technical Experience Application Form *(Please type or print)*

ATOS is pleased to offer the first-ever Technical Experience for participants 18 years of age and older. Allen Miller will be the primary instructor, with additional teaching assistance from Clark Wilson and Carlton Smith. This will be a technical learning session with seminars and hands-on experience.

The 2010 Technical Experience takes place at the home of Barbara and Karl Saunders in Zanesville, Ohio, and the Experience Hotel is the Comfort Inn and Suites, where we have a special rate of \$80/day for "ATOS." You are responsible for hotel reservations.

Comfort Inn & Suites, 500 Monroe St., Zanesville, OH 43701-3884 740-454-4144

Tuition for the camp is \$380.00, and seating is limited to 18 persons. Please contact Allen Miller (a.miller@atos.org) if you have any additional questions.

Name (PRINT) _____

Home Address _____

City, State, Zip _____

Telephone _____

E-mail _____

Are you an ATOS member? _____
If NO, please add \$40 to the Registration Fee.

*Local chapter affiliation (if any) _____

How much exposure have you had working on a theatre pipe organ?

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

Have you worked on an organ professionally? Yes: _____ No: _____

*If yes, in what capacity? ___ Home ___ Chapter ___ Church ___ Other _____

If you have had professional theatre organ experience, name of company

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

*If yes, in what capacity? _____

Do you play? _____

Would you like to play informally during the Technical Experience? _____

Please list other mechanical interests (*i.e.*: woodworking, electronics, restoration, hobbies etc.)

Are there any specific areas of study you would especially like to have covered in the Technical Experience? If so, please list below.

NOTE: Portions of the Technical Experience will be held in a classroom-like setting in a private home. Some portions will be held in a workshop where power tools may be used. Some portions will require access to organ chambers, tight spaces and close conditions. Some stair climbing and ladder climbing will be part of the Technical Experience. Please keep this in mind before registering.

[] I have read and understand the above warning.

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 Technical Experience. 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 completed application form along with your \$380 tuition payment to
Meredith Sibley, 384 Middlesex Turnpike, Higganum, CT 06441-4111 by July 1, 2010**

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 \$380 (made payable to ATOS).