

**2008 ChiZiibii Suzuki Institute  
Family Billing Information Form**

Please complete only one billing form per family.

Parent(s) Name(s) \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Name(s) of child(ren) participating in the full institute: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name and ages of younger siblings who will attend but not participate in the full institute:

Name	Age	Birth date	Gender

**A. Registration**

Non-refundable Registration Fee (one registration fee per family)	\$50.00	\$50.00
Additional Late Fee for Payments Postmarked after April 30, 2008	\$25.00	

**B. Institute Program Fee**

Volume 1 – Volume 10	Number of Students: x \$300.00	\$
The fee for each Volume 1- Volume 10 student includes instruction in master class, group repertoire class, large group class, one enrichment class, and a ChiZiibii Suzuki Institute T-shirt		

**C. Sibling Enrichment Classes**

Classes for children ages 4-11 (by 7/1/08)	Number of Students: x \$80.00	\$
Sibling Name: _____	Sibling Age: _____	
Sibling Name: _____	Sibling Age: _____	
The fee for siblings enrolled in the Enrichment classes <b>does</b> include a ChiZiibii Suzuki T-shirt.		

**D. Parent/Sibling Orchestra Involvement**

Family fee for those not enrolled in the institute:	\$10.00	\$
Name: _____	Relationship to Student: _____	
Instrument: _____	Beginning or Advanced Orchestra Preference: _____	
The fee for parents or siblings enrolled in Orchestra does not include a ChiZiibii Suzuki Institute T-shirt.		

**E. Additional T-Shirts**

	Youth Small (Sz.6-8) \$9.00	Youth Medium (Sz.10-12) \$9.00	Youth Large (Sz.14-16) \$9.00	Adult Small \$12.00	Adult Medium \$12.00	Adult Large \$12.00	Adult X-Large \$12.00	
Quantity								
Total \$								\$

**F. Group Photo**

8x10 Color Photo of Institute Participants & Teachers	Number of Photos x \$12.00	\$
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**Please continue completing the Family Billing Information Form on next page**

<b>G. On-Campus Accommodations</b>				
Please list the names of ALL persons staying on campus during the institute:				
Name:	Adult or age of child:	Gender:		
Name:	Adult or age of child:	Gender:		
Name:	Adult or age of child:	Gender:		
Name:	Adult or age of child:	Gender:		
Name:	Adult or age of child:	Gender:		
<b>Dorm Rooms Requested</b>				
Rates include all 5 nights (Sunday-Thursday) with checkout at noon on Friday. Children under 3 yrs. old stay free, but no more than three people may stay in one dorm room. Families with one adult and two children where at least one child is 11 years old or older must sign up for two rooms.				
One person in one room	Number of Rooms:	x	\$125.00	\$
Two People in one room	Number of Rooms:	x	\$150.00	\$
Three people in one room	Number of Rooms:	x	\$175.00	\$
<b>Campground Facilities Requested</b>				
Rates include all 5 nights (Sunday-Thursday) with checkout on Friday.				
Hook-up Site for Camper or Motor Home	Number of Sites:	x	\$50.00	\$
Tent Site	Number of Sites:	x	\$25.00	\$
<b>H. Meal Plans</b>				
<b>Full Meal Plan:</b> Includes: Sunday evening Bar-B-Q, Monday-Thursday breakfast, lunch, and dinner, Friday breakfast and lunch, and Monday-Friday afternoon snacks. Children under 3 yrs. old are free.				
Number of Adults:	x	\$120.00	\$	
Number of Children (Ages 3-11)	x	\$ 80.00	\$	
Number of adults requesting meatless meals:	Number of children requesting meatless meals:			
Number of lactose-intolerant adults:	Number of lactose-intolerant children:			
Please list any foods that cause a family member who is purchasing the full meal plan to respond with anaphylaxis:				
<b>Commuter Plan:</b> Includes Monday – Friday lunch and afternoon snacks. Children under 3 yrs. old are free.				
Number of Adults:	x	\$50.00	\$	
Number of Children (Ages 3-11)	x	\$35.00	\$	
Number of adults requesting meatless meals:	Number of children requesting meatless meals:			
Number of lactose-intolerant adults:	Number of lactose-intolerant children:			
Please list any foods that cause anyone in your family who is purchasing the full meal plan to respond with anaphylaxis:				
<b>Sunday Evening Bar-B-Q:</b> Commuters and Guests not purchasing the full meal plan are asked to sign up for the Bar-B-Q in advance. Children under 3 years old are free.				
_____ Number of Adults @ \$7 each:				\$
_____ Number of Children @ \$5 each:				\$
<b>Total of Sections A-H</b>				<b>\$</b>
<b>Amount Enclosed (minimum \$50.00 registration fee)</b>				<b>\$</b>
<b>Balance Due by July 13, 2008</b>				<b>\$</b>
<b>Please make checks payable to Headwaters School of Music and the Arts</b>				

<b>For office use only</b>				
Date Received	Date Postmarked	Amount Received	Check Number	Family Code