

CCE Musical Arts & Dance (MAD) Week 2010

Trad Irish Fiddle, Flute, Pennywhistle, Uilleann Pipes, Guitar/Zuki,
Button Accordion, Sean-nos Step Dancing & Group Set Dancing

July 5-9, 2010

CCE MAD Week 2010 Registration Form

When: July 5-9 (M-F, 9 am-4 pm)

Where: Washington Waldorf School, 4800 Sangamore Rd., Bethesda MD, 20816

Student Name: _____

Adult (circle) or Grade Completed: _____

Parent Name(s): _____

Address: _____

City/State/ZIP: _____

Phone(s): _____ ; Email: _____

Private Teacher Name (if any): _____

Years of Study: _____; Age in July 2010: _____

Enroll Me In:

- Fiddle Class
- Int/Adv Flute/Whistle
- Uilleann Pipes
- Beginning Whistle
- Guitar/Bouzouki
- Button Accordion

Friday: am; pm

- Sean-nos (am)
- Set Dancing (pm)

Mid-Day Electives:

- Bodhran (drum)
- Pennywhistle
- Ceili Band Class
- Irish Songs/Singing
- Celtic Crafts
- Dancing

Tuition for CCE MAD Week 2010 is \$395. Paid registrations postmarked by April 30 May 30th allowed a \$45 early registration discount. *Dancers under 18 years of age can register for free.* Others, please make check payable to *Comhaltas Ceoltóirí Éireann.*

Financial Assistance? If you need financial assistance in order to participate, please check the box above and information and an application will be sent to you.

Half Day/Single Day Sessions? (note: private lessons not included)

- Mornings, 9 a.m. to 1:00 p.m. Enclosed is my payment of \$250
- Afternoons, Noon to 4 p.m. Enclosed is my payment of \$250
- Friday Button Accordion Class(es) Enclosed is \$50 for single; \$75 for two

Safety:

We want to make sure everyone stays safe and healthy during the week. Please complete the following questions related to health and safety issues:

1. Please list a contact person & mobile phone number, in case of injury or illness.

Name: _____ Mobile: _____

2. Parents, please indicate the person(s) you wish to authorize to pick up your child at 1 p.m. or 4 p.m. Please print and include their mobile phone number.

Name: _____ Mobile: _____

Name: _____ Mobile: _____

Mitch Fanning/9824 Rosensteel Avenue/Silver Spring MD 20910

<http://www.ccepotomac.org>

jmitchellf@yahoo.com

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3. CCE MAD Week will have a full-time Health Care Provider on staff with us again this year. Please include any current significant medical problems, (for ex. asthma, epilepsy, migraines, diabetes) and any current medication(s). Please list any known drug allergies and any other significant allergic reactions—for example bees, peanuts.

4. Parents, please indicate if your child is able to self-administer medication, for example, Advil for menstrual cramps. If there is a medication that needs to be given, or might need to be given that your child cannot administer, please include a note and we will contact you to arrange details.

Registration Signature/Authorization (Required)

By my signature below, I (the registrant or parent/guardian of the child/minor registrant) agree not to hold the camp staff, CCE, or Washington Waldorf School liable for any accidental injuries sustained during camp.

Signed:

Date:

Print Name:

Return this completed and signed form and appropriate payment to:

Mitch Fanning, Director
CCE MAD Week 2010
9824 Rosensteel Avenue
Silver Spring, MD 20910

Questions? Please call 301.565.3657
or write:
jmitchellf@yahoo.com

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