

CHICAGO SUZUKI INSTITUTE REGISTRATION FORM - 2019

MAILING INFORMATION - NAME <i>(Invoice/Receipt will be sent to the attention of)</i>		ADDRESS		CITY		STATE	ZIP	PHONE: Please include both day & evening numbers			
								CELL:			
PARENT INFORMATION <i>(Please list all Parents or other responsible adult attending with student so IDs can be made ahead of time; a separate page with this info is okay)</i>								HOME:			
NAME:				RELATIONSHIP:				E-MAIL:			
STUDENT INSTITUTE REGISTRATION: JUNE 30 - JULY 5, 2019				T-SHIRT SIZES: Please note that a <u>T-shirt is provided for each participant</u> (Student/Chamber/Advanced/TTC Bk 1& up; but not ECC only). T-shirt sizes are as follows: Youth Small (6-8), Medium (10-12), Large (14-16);AdultsS,M,L,XL				STUDENT INSTITUTE FEES:			
STUDENT NAME		BIRTH DATE	INSTRUMENT	BOOK	CURRENT PIECE	TEACHER Name & Email (Required)	T-SHIRT SIZE	YOUTH OR ADULT	On or Before May 1: Pre-Twinkle: \$350; Book 1: \$400; Book 2 & up: \$440	After May 1: Pre-Twinkle: \$375; Book 1: \$425; Book 2 & up: \$465	
									\$	\$	
									\$	\$	
									\$	\$	
CHAMBER PROGRAM REGISTRATION: JUNE 29 - JULY 5, 2019								CHAMBER PROGRAM FEES:			
STUDENT NAME		BIRTH DATE	INSTRUMENT	BOOK	CURRENT PIECE	TEACHER Name & Email (Required)	T-SHIRT SIZE	YOUTH OR ADULT	On or Before May 1: \$540	After May 1: \$565	
									\$	\$	
									\$	\$	
ADVANCED PROGRAM REGISTRATION: JUNE 29 - JULY 5, 2019								ADVANCED PROGRAM FEES:			
STUDENT NAME		BIRTH DATE	INSTRUMENT	BOOK	CURRENT PIECE	TEACHER Name & Email (Required)	T-SHIRT SIZE	YOUTH OR ADULT	On or Before May 1: \$640	After May 1: \$665	
									\$	\$	
TEACHER TRAINING COURSE FOR TEACHERS REGISTRATION: JUNE 29 - JULY 7, 2019								TEACHER TRAINING COURSES FEES:			
____ PARTICIPANT		____ AUDITOR <i>(Auditors may not participate in class discussions)</i>						{T-Shirt not included in ECC tuition}		On or Before May 1:	After May 1:
TEACHER TRAINEE ATTENDEE'S NAME		INSTRUMENT			ECC or BOOK LEVEL	T-SHIRT SIZE	YOUTH OR ADULT	ECC: \$135; Bk 1: \$650; Bk 2-9: 1@\$435 or 2@\$730 Teaching Cello Group: \$435	ECC: \$160; Bk 1: \$675; Bk 2-9: 1@\$460 or 2@\$780 Teaching Cello Group: \$460		
								\$	\$		
OBSERVER INFORMATION: (Suzuki Teachers - May only attend STUDENT classes; not required for parents/family members) Fee: \$150 for Week								FEES POLICY: <input type="checkbox"/> I have read & understood the fees policy			
NAME		INSTRUMENT						A \$50 Minimum Non-Refundable Deposit towards tuition is required for application to be processed. To be eligible for early registration rate & to have registration fee waived, all fees must be paid by March 31st. To be eligible for early registration rate all fees must be paid in full by May 1st. No refunds after May 15, 2019.			
ADDITIONAL T-SHIRT ORDERS: Please note that a T-Shirt is provided for each participant (exp ECC&Observers).ExtraT-shirts are available for \$18 each. Make great gifts!								TOTAL FROM ABOVE:			
Youth Sizes:		S: (6-8)	M: (10-12)	L:(14-16)	Adult Sizes:		S	M	L	XL	
ADDITIONAL Quantity:					ADDITIONAL Quantity:						
All CSI Registration Forms should be returned to Winnetka address. **For Videotape Submission for Chamber/Advanced Seminar Programs & Teacher Training Applicants:								**See Website for FEE POLICY**			
** Chamber Music/Advanced Program: Mail to the Chicago Suzuki Institute, 300 Green Bay Road, Winnetka, IL 60093 along with CSI application.								REGISTRATION FEE: ONE PER ACCOUNT OR FAMILY			
** Teacher Training Courses: ONLINE SAA APPLICATION at https://suzukiassociation.org/about/membership/ (or Mail: SAA, PO Box 17310, Boulder CO 80308 - Include application fee as detailed in the SAA Teacher Training Course Guidelines.)								Registration fee is \$60 if full payment received 5/2- 5/31/18; After June 1st fee is \$75			
PAYMENT METHOD: <input type="checkbox"/> Visa/Mastercard/Discover/AmEx <input type="checkbox"/> Check payable to "Chicago Suzuki Institute"								TOTAL FROM PAGE 2: (Housing & Meals)			
Name on Credit Card: _____ Billing Address (if different than above): _____								GRAND TOTAL (tuition+reg fee+p2):			
Card No. _____				CVS: _____ EXP. DATE ____/____				AMOUNT INCLUDED WITH APPLICATION:			
								\$			

ROOMS (Trinity Hall)

NAME	Gender (M/F)	Arrive 6/29, Depart 7/3 (4 nights)			Arrive 6/30, Depart 7/5 (5 nights)			Arrive 7/2, Depart 7/7 (5 nights)			Arrive 6/29, Depart 7/5 (6 nights)			Arrive 6/30, Depart 7/6 (6 nights)			Arrive 6/30, Depart 7/7 (7 nights)			Arrive 6/29, Depart 7/7 (8 nights)			Teen Dorm Activity Fee for Week	TOTAL HOUSING AMOUNT
		Single	Double *	Family **	Single	Double *	Family **	Single	Double *	Family **	Single	Double *	Family **	Single	Double *	Family **	Single	Double *	Family **	Single	Double *	Family **	\$	\$
		\$228	\$164	\$328	\$285	\$205	\$410	\$285	\$205	\$410	\$342	\$246	\$492	\$342	\$246	\$492	\$399	\$287	\$574	\$456	\$328	\$656	\$80	\$
																								\$
																								\$
																								\$
Roommate preference:											* Price listed is per person ** The Family Budget Plan (for families of 3 people ONLY): The cost is for three people per room (3 is the maximum per fire code), with two adults maximum. And provides the same room as a Double with two single beds and two sets of linens.												\$	

**MEALS:
Full Meal Plan**

NAME	A		B		C		D		E		F		G		TOTAL MEAL PLAN AMOUNT
	Adult	Child *	Adult	Child *	Adult	Child *	Adult	Child *	Adult	Child *	Adult	Child *	Adult	Child *	
	\$130	\$65	\$175.50	\$87.75	\$162	\$81	\$208	\$104	\$184	\$92	\$215.50	\$107.75	\$260	\$130	
"Child" food Policy for 2019 * CHILD = Age 4 to 12 years old; 3 years and younger no cost														Full Meal Plan Subtotal	\$

**MEALS:
Commuter Plan
(Lunch Only)**

NAME	4 DAYS (6/30- 7/3 OR 7/3 - 7/6) for TTrainers Only		Student Prog. 5 DAYS (Mon - Fri)		6 DAYS (Sun - Fri)		8 DAYS (Sun - Sun)		TOTAL AMOUNT	
	Adult	Child * 4-12 yo	Adult	Child * 4-12 yo	Adult	Child * 4-12 yo	Adult	Child * 4-12 yo		
	\$45.25		\$56.50	\$28.25	\$68	\$34	\$90.50	\$45.25		
									\$	
									\$	
									\$	
									\$	
"Child" food Policy for 2019									Commuter Plan Subtotal	\$

* CHILD = Age 4 to 12 years old; 3 years and younger no cost

Mail completed CSI application(s), registration fee and deposit/payment in full to:

Chicago Suzuki Institute
Music Institute of Chicago
300 Green Bay Road
Winnetka, IL 60093-4088
Fax: (847) 446-3876

TOTAL for PAGE 2: _____

Office Use Only

Date _____ Ck# _____	Date _____ Ck# _____	Date _____ Ck# _____
Amt. _____ Bal. _____	Amt. _____ Bal. _____	Amt. _____ Bal. _____