



INDIANA UNIVERSITY SOUTHEAST

ARTS INSTITUTE

Music Department

2012 SUMMER SAXOPHONE WORKSHOP

June 17-24, 2012

John S. Moore, director

Trio Bel Canto

ensemble-in-residence

Patrick Meighan, saxophone

Florida State University

John S. Moore, saxophone

Indiana University Southeast

Krista Wallace-Boaz, piano

University of Louisville

www.ius.edu/music/sax

INFORMATION AND APPLICATION

QUALIFICATIONS

Saxophonists age 15 through adult.

CURRICULUM

The IU Southeast Summer Saxophone Workshop will focus on classical saxophone study and performance. All participants (including staff) will play in a saxophone orchestra as well as various chamber groups. Soloists and small ensembles will receive coaching by workshop faculty. Students will also be able to take advantage of a rare opportunity: to play their solo repertoire with a professional pianist! There will be master classes in chamber music and solo performance, as well as scheduled discussions of various topics: i.e. breathing, practice, articulation, technique, literature, overtones (high tones), mouthpieces, reed preparation and care of your saxophone. This workshop offers a unique opportunity for collaborative pianists and composers.

Evenings will be filled with a variety of professional performances and the week culminates in concerts by workshop participants. All concerts are free and open to the public. Other evening events of interest are under consideration. We are looking forward to our week of camaraderie and networking with saxophonists of all ages who love that "Sound of Sax" so much that they can never get enough!

ADMISSION & REGISTRATION

- Enrollment is set at a minimum of 12 and a maximum of 30 students.
- Application Deadline: All applications **must** be received by 4:30 p.m. on **June 11, 2012** (by June 1 to receive early registration discount)*.
- After you have received your letter of acceptance additional information may be sent to you.
- Saxophonists can register by mail, sending in pages 3-4 of this application with payment or using our online registration and bill payment system at www.ius.edu/music/sax.

LOCATION

- All rehearsals, seminars and concerts will be held in the Paul W. Ogle Cultural and Community Center on the IU Southeast campus in New Albany, Indiana.

MEALS

- On-campus food services will be available for meals each day and it is estimated that students will spend approximately \$6 per meal. Food is sold at IU Southeast dining services and all items are purchased *a la carte*. Several fast-food restaurants are also nearby the IU Southeast campus.
- Participants can bring cash or purchase a campus U-Card to avoid carrying cash. **NOTE:** University Dining Services does **NOT** accept credit or debit cards.
- Participants who have not graduated high school will not be allowed to leave the IU Southeast Campus for meals, regardless of age, unless they are accompanied by a parent or guardian.
- Students are welcome to bring their own meals, however refrigerated space will NOT be provided, other than those located in the IU Southeast housing units (for those who opt for housing).
- Microwaves are available.

HOUSING

- Housing is not included in the tuition.
- On-campus housing is available for \$189. Students requiring housing accommodations should complete the Housing Assignment form (available on our web site at www.ius.edu/music/sax or by requesting one by mail by calling 812-941-2436 or sending an e-mail to: seartsin@ius.edu).

CANCELLATION & REFUND POLICY

- The Arts Institute and IU Southeast Music Department reserve the right to cancel the clinic in the event of insufficient enrollment. In the event of a cancellation on the part of IU Southeast, a full tuition refund will be given. If a student is not accepted to the IU Southeast Saxophone Workshop, a full refund will be issued.
- If, after registering, you choose to withdraw from the Summer Saxophone Workshop you can receive a full tuition and housing refund if you withdraw at least 31 days prior to the start of the workshop. Those withdrawing 15-30 days prior to the workshop will receive a 50% refund of tuition and housing. Those withdrawing less than 15 days prior to the workshop will not receive a refund.
- The registration fee is non-refundable.

TUITION

Early Registration	(before June 1, 2012)	\$ 250* + \$15 registration fee
Late Registration	(ON or after June 1, 2012)	\$ 275 + \$15 registration fee
At-the-door	(on Monday, June 18, 2012)	\$ 300 + \$15 registration fee

**In order to receive the reduced tuition rate, early applications must be accompanied by full tuition payment.*

SCHEDULE *(schedule is tentative)*

SUNDAY, June 17	2:00 pm–6:00 pm	Check-in for those opting for university housing
SUNDAY, June 17	7:30 pm–9:00 pm	Organizational meetings
MONDAY-FRIDAY, June 18-22	8:30 am–5:00 pm	Rehearsal, Workshops, Meals, Master Class
SATURDAY, June 23	8:30 am–5:00 pm	Rehearsal, Workshops, Meals, Master Class
	7:30 pm–8:30 pm	Chamber Music Concert
SUNDAY, June 24	2:00 pm	Final Concert
SUNDAY, June 24	4:00 pm–6:00 pm	Check-out for those opting for university housing

ADDITIONAL INFORMATION

For more information visit www.ius.edu/music/sax or e-mail John S. Moore, workshop director, at Sax-n-Moore@juno.com or call, (270) 617-3397 (cell).



INDIANA UNIVERSITY
SOUTHEAST

MUSIC DEPARTMENT / ARTS INSTITUTE
2012 SUMMER SAXOPHONE WORKSHOP
APPLICATION

Applicant's Name _____
Last/Family/Surname First/Given/Personal Middle

Address _____
Street

City, State, Zip

Phone(_____) _____ **E-mail** _____

Age _____ **School** _____

My main instrument is (check one)

- Soprano Saxophone Alto Saxophone Tenor Saxophone Baritone Saxophone
- Other: _____

In addition to my main instrument, I will also bring the following saxophone sizes (check all that apply)

- Soprano Saxophone Alto Saxophone Tenor Saxophone Baritone Saxophone
- Other: _____

How long have you played the saxophone? _____

Do you study privately? Yes No **If yes, how long have you taken lessons?** _____

What materials have you studied? _____

Will you be staying in the on-campus housing? Yes No

(Reminder: A separate Housing Assignment form must be submitted.)

Is this your first year at the Summer Saxophone Workshop with John Moore? Yes No

How did you hear about the IU Southeast Saxophone Workshop? _____

Are you interested in learning about private lessons offered at IU Southeast? Yes, please send info No, not interested

Mail application and tuition* + \$15 registration fee (non-refundable) + \$189 for housing (optional) to:

IU Southeast Summer Saxophone Workshop
Arts Institute, OG-051
4201 Grant Line Road
New Albany, IN 47150

* Before June 1, 2012: \$250. On or after June 1, 2012: \$275.

Please make checks payable to Indiana University Southeast
Credit card payments may be made online at www.ius.edu/music/sax

MEDICAL INFORMATION/TREATMENT AUTHORIZATION ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

This form must be completed and signed by a parent/guardian before participants under the age of 18 can participate in the IU Southeast Saxophone Workshop.

My child, _____, plans to participate in the Indiana University Southeast Arts Institute and Music Department's Saxophone Workshop ("Program"). I hereby provide the following authorization and assumption of risk/release from liability:

Medical Treatment Authorization

In case of an emergency, I authorize the Program to take my child to _____ Hospital and further authorize said hospital and any of its staff or any licensed physician to perform any medical treatment (such as admission to hospital, surgery, administration of medication, general treatment) upon my child. I agree to be fully responsible for all costs of such treatment. I authorize treatment in the Hospital's Emergency Department as needed.

Signature of parent/guardian

Date

Relationship to Child

Assumption of Risk and Release from Liability

In consideration of University's services rendered and services to be rendered in organizing and managing the Program, and in consideration of the Child's participation in the Program, Child and Parent, acting for the Child, hereby:

1. State that they understand that certain risks are associated with the Program's activities and that they fully accept those risks on behalf of the Child. These risks may include, but are not limited to, such things as bumps, bruises, broken bones, cuts, allergic reactions, injuries incurred from interaction with other children, and other physical, mental, and emotional injury;
2. State that they fully understand the above risks and the scope of the activities involved in the Program; agree that the Child will abide by the Program's rules and regulations; and agree to assume the risks of the Child's participation in the Program, including the risk of catastrophic injury or death.

Participant's name: _____ Date: _____

Age: _____

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to participant: _____

Publicity Waiver/Model Release

Unless notified in writing, enrollment indicates that the students and/or parents and/or legal guardians of students grant permission for use of photographs and/or images of students for educational, publicity, archival or grant purposes. These images may be in print or broadcast formats and may include display on the World Wide Web. Written denials must be filed with the IU Southeast Music Department office on or before the first day of the Workshop.

I hereby grant to Indiana University Southeast the right to use my child's picture for marketing purposes in any medium whatsoever, including - but not limited to - print, broadcast, video, or electronic media.

I hereby waive any right that I may have to approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby warrant that I am of full age, or am representing a minor of whom I am a legal parent or guardian, and have the right to contract in my own name. I have read the above authorization, release, and agreement, prior to its execution, and I am fully familiar with the contents thereof.

I have read and understand all of the above on this the _____ date of _____, 20 _____

Name of Minor: _____

Name of Legal Parent/Guardian: _____

Signature of Parent/Guardian: _____