

**The 5th Annual IUP/YAMAHA  
"Sounds of Summer"  
MARCHING PERCUSSION CAMP**

Tuesday & Wednesday, July 1 & 2, 2008  
on the campus of Indiana University of Pennsylvania

FEATURED CLINICIAN:

**Bret Kuhn**

*Bluecoats Drum & Bugle Corps  
(Design & Percussion Consultant)  
Prospect High School, Mt. Prospect, IL*

Assisted by Several Fine Local & IUP Percussion Specialists

*sponsored by:*

**IUP PERCUSSION AREA  
IUP DEPARTMENT OF BANDS  
YAMAHA CORPORATION OF AMERICA  
INNOVATIVE PERCUSSION, REMO, ZILDJIAN  
and  
VOLKWEIN'S MUSIC of PITTSBURGH**

in cooperation with the Percussive Arts Society

**Dr. Michael Kingan, Camp Director**

Director of Percussion Studies, Indiana University of Pennsylvania

**Cost: \$60.00\***

Tuition covers two full days of group rehearsal, sectionals, individual instruction, special clinics & performances, and the Yamaha "Sounds of Summer" Music Book. This Drumline Camp is intended for percussionists who are currently participating in or about to join the drumline of their school marching band. Clinicians cover drumline fundamentals, basic and advanced techniques, sectional playing, ensemble performance, and leadership skills.

**Camps runs 9:30 am to 5:30 pm.**

**Meeting place is in Cogswell Music Building Room 121 (Large Rehearsal Room) on IUP campus.**

\*Tuition is reduced to \$55.00 if postmarked on or before June 22, 2008.

\*Group discounts are available to schools that send 6 or more students.

Call for information regarding off campus housing.

Directors attend free of charge.

for more information, contact:

Dr. Michael Kingan, Director of Percussion Studies  
Indiana University of Pennsylvania - Department of Music  
Indiana, PA 15705 (724) 357-2897 [mkingan@iup.edu](mailto:mkingan@iup.edu)

**INDIANA UNIVERSITY of PENNSYLVANIA/YAMAHA**  
**"Sounds of Summer" MARCHING PERCUSSION CAMP**  
**Tuesday & Wednesday, July 1 & 2, 2008**

IMPORTANT INFORMATION: Camp runs 9:30 am to 5:30 pm. Registration opens at 9:00 on Day 1. Meeting place is the Room 121 (Large Ensemble Rehearsal Room) in the newly renovated Cogswell Hall on IUP campus. Camp participants are responsible for providing their own instruments and equipment (including pit instruments). Make sure your name or your school's name is clearly marked on all equipment! Participants should bring money to buy their meals at local fast food restaurants. Family and friends are invited to the Final Exhibition at 4:00 on Day 2.

Parking is available at coin meters or in the Grant St. Parking Garage for less than \$4 per day.

*\*For camp details or information regarding early registration, special rates for group enrollment, or off campus housing, please contact:*

Dr. Michael Kingan, Camp Director at (724) 357-2897 or mkingan@iup.edu.  
 www.arts.iup.edu/music/areas/percpage

----- (cut here/please copy form as needed) -----

**REGISTRATION FORM**

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ BAND \_\_\_\_\_ DIRECTOR \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

DRUMLINE INSTRUMENT (circle one): Snare Tenors B.D.

HIGH SCHOOL GRADUATION DATE (circle one): 2008 2009 2010 2011 2012 \_\_\_\_\_

(\*Discount info on reverse side)  
 (other)

**Workshop Fee (\$60\*) \_\_\_\_\_ Camp T-shirt (\$15 @ - XL only) \_\_\_\_\_ = TOTAL: \_\_\_\_\_**

**MEDICAL TREATMENT CONSENT & LIABILITY RELEASE (Must be completed):**

I understand that IUP does not carry medical or accidental insurance for students and hereby certify that my child, named above, is covered by a personal insurance policy which is currently in force. I certify that the workshop enrollee named on this form will be physically and emotionally able to participate fully in all sessions of the camp for which he/she has enrolled at the time of arrival for the sessions. Further, I hereby authorize routine medical dispensary care for the above-named student, and I authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense, in the event of illness or injury while on the IUP Campus. I hereby hold the Student Health Service, the University and their representatives harmless in the exercise of this authority.

My Insurance Company \_\_\_\_\_ Policy/Group No. \_\_\_\_\_ Name of Carrier \_\_\_\_\_

Please describe or list: (include Physical or Mental Disabilities , Allergies , Medications, etc.)

**Parental Consent: Signature \_\_\_\_\_ Date \_\_\_\_\_**

*Please mail this form along with a check payable to "Indiana University of Pennsylvania" to:  
 Dr. Michael Kingan, Indiana University of Pennsylvania, Dept. of Music, Indiana, Pa. 15705*