

# HOUSTON SUMMER HARP FESTIVAL 2019

## 2-page Application

Applications should be postmarked no later than May 24, 2020.

Late applications may be accepted if openings are available and at the discretion of the Festival director.

Scholarship applications (separate application online) must be received by midnight May 10, 2020.

**STUDENT NAME:** \_\_\_\_\_

**PHONE (S):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**I am currently work on the following 2 solos (title and composer):**

\_\_\_\_\_

**CHECK ONE:**

I will bring my own lever harp

I will bring my own pedal harp

I need to rent a lever harp.

The lever harp I play is (Model and Style) \_\_\_\_\_

I need to rent a pedal harp.

The pedal harp I play is (Model and Style) \_\_\_\_\_

I am not sure. I understand a request for a rental must be made with Hope Cowan by June 15th.

*Rentals will be provided in order of registration. We will do our best to accommodate all requests.*

**Current teacher?** \_\_\_\_\_

Teacher's email: \_\_\_\_\_

How long have you studied the harp? \_\_\_\_\_ years \_\_\_\_\_ months

Have you previously attended the Houston Sumer Harp Festival? \_\_\_\_\_

**Check which Ensemble you have chosen.**

All ensembles are open to lever and pedal harps.

\_\_\_\_\_ **Prelude Ensemble** (Beginner-elementary) Lever and pedal harps

\_\_\_\_\_ **Allegro Ensemble** (Intermediate) Lever and pedal harps

\_\_\_\_\_ **Encore Ensemble** (Early advanced – Advanced) Pedal harps only

**T-shirt size (adult sizes). Circle one.** All participants receive one festival T-shirt. Small

Medium

Large

X-Large

XX-Large

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**FESTIVAL FEES**

**Registration**

\_\_\_\_\_ Standard Tuition...\$425

\_\_\_\_\_ I am applying for a scholarship (Any outstanding balance due June 1st in order for my child to participate.)

**Housing and Meals (optional)**

\_\_\_\_\_ On-campus Room and Board (includes all meals)...\$350

\_\_\_\_\_ Daily Lunch, Tuesday – Friday. For Commuters only....\$45

**After hours CODA Classes (optional)**

\_\_\_\_\_ CODA class #1 "South of the Border" -\$45

Monday and Tuesday from 4:15 – 5:15. Students will learn 2 pieces that incorporate the unique rhythms of South American/Latin music

\_\_\_\_\_ CODA Class #2 "Magical Music Making" \$45

Wednesday and Thursday from 4:15 – 5:15. Improvisational techniques will assist students as they use their imaginations to tell a story through music.

**TOTAL DUE :** \_\_\_\_\_

**Checks payable to: HARP JOURNEYS.  
Mail check and registration to: HOPE COWAN  
22119 Kerryblue Dr  
Katy, TX 77450**

# INSTRUMENT RELEASE FORM

Houston Summer Harp Festival 2020  
Houston Baptist University School of Music

I acknowledge and agree that Houston Baptist University, the Houston Baptist University Music Department, the Faculty and Staff at the University and the Faculty with the Houston Summer Harp Festival at Houston Baptist University are NOT responsible for damage, loss or theft of any harps, stools, covers, strings, music, musical equipment and personal items during the Houston Summer Harp Festival July 6-8, 2020 held on the campus of Houston Baptist University.

I choose, voluntarily, to store my harp, stool, cover and any other belongings on campus and I acknowledge that I am solely responsible for any damage or loss of the instrument.

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Parent or guardian (signature)

Date

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Print student's name

# Photo/Media Release Form 2020

I hereby grant permission to the Houston Summer Harp Festival, Harp Journeys, its agents, and its employees the irrevocable and unrestricted right to produce photographs, videos and recordings taken of my child, myself, and members of my family while at the Houston Summer Harp Festival for any lawful purpose including publication, promotion, illustration, advertising, or historical archive in any manner or in any medium including print publications, television, radio, online publications, websites, social network media and presentations.

I grant permission to use the statements of my child, myself, or my family members given during an interview or written evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area.

I waive my right, my child's rights, and my family's rights to any and all compensation stemming from the use of these materials.

Parent/Guardian's signature:

\_\_\_\_\_

Date \_\_\_\_\_

Print Parent/Guardian's Name:

\_\_\_\_\_

Print Child's Name:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

# Houston Summer Harp Festival 2020

## Medical/Liability Release

Harp Journeys

Kimberly DeRosa, artistic director (713) 962-6923

Sponsored by the School of Music at Houston Baptist University

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Parents please initial the following:

\_\_\_\_\_ This form may be used for all events from July 6-11, 2020

The parent(s) or guardian(s) authorizes faculty or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of Houston Summer Harp Festival and Houston Baptist University from any and all claims, demands, actions or cause of action past, present, or future arising out of any damage or injury while participating in the above stated event. The parent(s) or guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts. The parent(s) or guardian(s) understand that they are responsible for the payment of medical expenses.

Medical treatment costs are covered by:

Insurance company: \_\_\_\_\_ Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Family Physician: \_\_\_\_\_

Please list any medical conditions, allergies, or special diet needs:

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_