



A Summer Camp for Learning and Singing Sacred Harp

Adult Camp 2018: Sun, Jun 10<sup>th</sup>/4pm - Thu, Jun 14<sup>th</sup>/8am Camp McDowell – Double Springs, Alabama
Youth Camp 2018: Mon, Jul 2<sup>nd</sup>/3pm - Fri, Jul 6<sup>th</sup>/9am Camp Lee – Anniston, Alabama

Sponsored by the Sacred Harp Musical Heritage Association, Camp Fasola is an immersive experience for learning Sacred Harp singing, history, and traditions. Camp Fasola is open to both youth and adults, beginners and experienced singers. No experience is necessary. Multiple daily sessions are devoted to Sacred Harp lessons, as well as times for fellowship, singing, and recreation. Campers learn through practical experience and service in support of camp operation. Camp attendance has exceeded 2,700 since 2003.

The camp fee covers four nights air-conditioned lodging, meeting rooms, eleven meals, snacks, t-shirts, lessons, and activities. Camp fee for guests not participating in the Sacred Harp activities is an additional \$200. Reservations are available on a first come, first served basis with a \$50 deposit. We are unable to accommodate campers under age 10 without a parent/guardian who will be responsible for supervising them around the clock. Travel to/from camp is the responsibility of campers. Singings are held in the general vicinities of the camp venues on the weekends before and after Camp. See CampFasola.org or email Camp@fasola.org for more information.

Sleeping quarters at Camp McDowell (Adult Camp) are motel style rooms with two separate beds (linens provided) and private bathroom. Adult Camp fee is for double occupancy. Add \$250 for single occupancy / subject to availability.

Sleeping quarters at Camp Lee (Youth Camp) are lodge style with bunk beds (linens not provided) and community bathrooms (separate lodges for youth males, youth females, adult males, adult females).

Camp Scholarships/Work Study

Scholarship/work study support for camp fees for youth (under age 30) may be available based on need. This is made possible through tax deductible donations by supporters of Camp Fasola. Our aim is for every youth who wishes to participate in Camp Fasola to have that opportunity. Priority for scholarship support is given to campers who have multiple family members attending; who have substantial travel expenses; or who otherwise would be unable to attend without financial support. Please complete the section below if you require scholarship support for camp fees. We also encourage campers to seek financial support from their SH local community.

(Complete the following section on this page only if you request scholarship support for camp fees. If needed, you may provide a separate sheet.)

Please describe your background in Sacred Harp singing.

Four horizontal lines for writing.

Why do you need scholarship assistance with your camp fees?

Four horizontal lines for writing.

Why do you want to attend Camp Fasola?

Four horizontal lines for writing.

What will you do with the information you learn at camp?

Two horizontal lines for writing.

Please provide the name of a Sacred Harp community reference who knows you.

How many singings did you attend last year?

# APPLICATION FORM – CAMP FASOLA 2018

<i>SESSION (Select one):</i> <u>    </u> <i>Adult Camp – Jun 10-Jun 14 – Camp McDowell</i>	<i>Adult \$500 / Youth \$300 (Due by May 25)</i>
<u>    </u> <i>Youth Camp – Jul 3-Jul 7 – Camp Lee</i>	<i>Adult \$450 / Youth \$250 (Due by Jun 15)</i>

## **Camper Registration #1**

NAME \_\_\_\_\_ M\_\_ F\_\_ DATE OF BIRTH \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME FOR BADGE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

INSURANCE PROVIDER \_\_\_\_\_ INSURANCE POLICY NUMBER \_\_\_\_\_

ALLERGIES/SPECIAL REQUEST \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

WHY YOU WANT TO ATTEND CAMP \_\_\_\_\_

*Release for Medical Treatment and Liability and Agreement to Camp Rules*

For myself or as the parent/legal guardian of the registered camper, I hereby give my consent for emergency medical care prescribed by a licensed medical professional. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the camper. I hereby give my approval for registered camper to participate in any and all Camp Fasola activities, including transportation to and from the activities. Knowing that participation in camp activities may result in injuries, I/we hereby waive, release, absolve, indemnify and agree to hold harmless the Sacred Harp Musical Heritage Association, Camp Lee, Camp McDowell, their affiliated organizations, sponsors, employees, and volunteers, including the owners of the facilities utilized for the activities from any claim by or on behalf of the registered camper arising out of any injury whether the result of negligence, or for any cause as a result of the registered camper's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I agree that the registered camper will follow safety and participation rules of Camp Lee/Camp McDowell and Camp Fasola. I hereby release all rights of the registered camper regarding any photographs, video recordings, and/or audio recordings made during Camp activities and agree that these can be used by or assigned use by SHMHA/Camp Fasola.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
     *Check if Parent/Guardian of Minor Child Age 18 & under*

## **Camper Registration #2**

NAME \_\_\_\_\_ M\_\_ F\_\_ DATE OF BIRTH \_\_\_\_\_ T-SHIRT SIZE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME FOR BADGE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_

INSURANCE PROVIDER \_\_\_\_\_ INSURANCE POLICY NUMBER \_\_\_\_\_

ALLERGIES/SPECIAL REQUEST \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

WHY YOU WANT TO ATTEND CAMP \_\_\_\_\_

*Release for Medical Treatment and Liability and Agreement to Camp Rules*

For myself or as the parent/legal guardian of the registered camper, I hereby give my consent for emergency medical care prescribed by a licensed medical professional. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the camper. I hereby give my approval for registered camper to participate in any and all Camp Fasola activities, including transportation to and from the activities. Knowing that participation in camp activities may result in injuries, I/we hereby waive, release, absolve, indemnify and agree to hold harmless the Sacred Harp Musical Heritage Association, Camp Lee, Camp McDowell, their affiliated organizations, sponsors, employees, and volunteers, including the owners of the facilities utilized for the activities from any claim by or on behalf of the registered camper arising out of any injury whether the result of negligence, or for any cause as a result of the registered camper's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. I agree that the registered camper will follow safety and participation rules of Camp Lee/Camp McDowell and Camp Fasola. I hereby release all rights of the registered camper regarding any photographs, video recordings, and/or audio recordings made during Camp activities and agree that these can be used by or assigned use by SHMHA/Camp Fasola.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
     *Check if Parent/Guardian of Minor Child Age 18 & under*

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ADULT CAMP: # \_\_\_\_\_ Age 30+ @ \$500 = \$ \_\_\_\_\_ # \_\_\_\_\_ Age 29&under @ \$300 = \$ \_\_\_\_\_ TOTAL FEES = \$ \_\_\_\_\_

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YOUTH CAMP: # \_\_\_\_\_ Age 30+ @ \$450 = \$ \_\_\_\_\_ # \_\_\_\_\_ Age 29&under @ \$250 = \$ \_\_\_\_\_  
*(First youth in family \$250; additional youth same family \$200 each)* # \_\_\_\_\_ Age 29&under @ \$200 = \$ \_\_\_\_\_ TOTAL FEES = \$ \_\_\_\_\_

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DEPOSIT = \$ \_\_\_\_\_ \$50 per camper due with application. Make check payable to *SHMHA Camp Fasola* or pay by PayPal at [campfasola.org](http://campfasola.org).

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ROOMMATE REQUEST (Adult Camp only): \_\_\_\_\_

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COMMENTS: \_\_\_\_\_