



A Summer Camp for Learning and Singing Sacred Harp

# Camp Fasola 2020

## Monday, June 29<sup>th</sup>/4pm - Friday, July 3<sup>rd</sup>/9am

### The Vision – Huntsville, Alabama

*Two Camps in the Same Week at a New Venue!*

Camp Fasola is being reimagined for 2020 as we move to a new venue and hold both Adult Camp and Youth Camp in the same week at the same place! What does this mean for campers?

- Lots of lessons and electives led by experienced and innovative singing school teachers
- Fellowship and fun with singers from 20+ states plus foreign countries
- New recreation options and time to hang out with singing friends
- Class singing sessions because this is what Sacred Harp singing is all about
- Bunkhouses and open cabins for youth and young adults
- Comfortable double occupancy hotel style lodging (offsite 7 miles at Bailey Cove) for adults with option for single occupancy
- New opportunities for intermingling of generations in singing sessions and electives
- Lemonade making and watermelon social on last full day of Camp
- Community singing the last evening with opportunity to sing with folks from the surrounding area
- Time for relaxation and rejuvenation in a beautiful setting
- Attend traditional southern Sacred Harp singings both the weekend before and the weekend after Camp Fasola
- Plan to come early to Huntsville, a premier progressive city, for activities before and after Camp

Camp Fasola is an immersive experience for learning Sacred Harp singing, history, and traditions. No experience is necessary. Camp Fasola has classes for both beginners and experienced singers. Camp attendance has exceeded 3,000 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. More info: [CampFasola.org](http://CampFasola.org) or email [Camp@fasola.org](mailto:Camp@fasola.org).

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### ***Camp Scholarship/Work Study Application***

Scholarship/work study support for camp fees may be available based on need. Our aim is for every camper 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 require scholarship support for camp fees.)*

Please describe your background in Sacred Harp singing.

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Why do you need scholarship assistance with your camp fees?

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Why do you want to attend Camp Fasola?

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

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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 2020

## Camper #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 \_\_\_\_\_

FEES: Age 30+ (ADULT) @ \$500 = \$ \_\_\_\_\_ Age 19-29 (YOUNG ADULT) @ \$250 = \$ \_\_\_\_\_ Age 18&under (YOUTH) @ \$250 = \$ \_\_\_\_\_  
(\$200 each for multiple youth campers per family)

### 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, Vision Ministry, Inc., 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 Vision Ministry, Inc. 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. (A separate Vision Ministry, Inc. Activity Authorization Form is also required.)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Check if Approving as Parent/Guardian of Minor Child Age 18 & under

## Camper #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 \_\_\_\_\_

FEES: Age 30+ (ADULT) @ \$500 = \$ \_\_\_\_\_ Age 19-29 (YOUNG ADULT) @ \$250 = \$ \_\_\_\_\_ Age 18&under (YOUTH) @ \$250 = \$ \_\_\_\_\_  
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Signature: \_\_\_\_\_ Date \_\_\_\_\_

Check if Approving as Parent/Guardian of Minor Child Age 18 & under

DEPOSIT = \$ \_\_\_\_\_ \$50 per camper due with application. Make check payable to SHMHA Camp Fasola or pay by PayPal at campfasola.org.

BALANCE = \$ \_\_\_\_\_ Balance is due no later than May 31. After May 31, add \$50.

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

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

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