



2008 PARTICIPANT QUESTIONNAIRE

Please complete this and mail it to the MPulse Ann Arbor Office before May 30.

Participant's Name \_\_\_\_\_

Session

June 29 - July 12

- Double Reed Institute
Flute Institute
Saxophone Institute
Theatre & Drama Academy
Vocal Arts Institute

July 6 - 26

- Musical Theatre Workshop

July 13 - 26

- Performing Arts Technology
Summer Dance Institute

Housing Preference

MPulse Ann Arbor is assigned a residence hall and block of rooms by UM Conference Management Services. Bursley Hall (all sessions except Summer Dance Institute) has mostly double rooms with hall bathrooms on each floor/wing. Couzens Hall (Summer Dance Institute) has more of a mix of single and double rooms and also has hall bathrooms on each floor/wing. Although we cannot guarantee any specific type of room, please rank your preferences below. Neither residence hall has air-conditioning, but you may bring a small fan.

- Single Room
Double Room
Triple Room

T-Shirt

Each participant will be given an MPulse Ann Arbor t-shirt during the session. Please indicate your size below (all are adult sizes).

- Small
Medium
Large
X-Large

Schedule Modification

Please explain any medical conditions or religious observances that might require modifications to your schedule or daily activities. Sorry, but we cannot accommodate requests to attend religious services.

\_\_\_\_\_
\_\_\_\_\_

Locker Request (Double Reed Institute, Flute Institute, Saxophone Institute, and PAT Camp only; no fee for rental)

- I will need a locker to store my instrument while I attend MPulse Ann Arbor. The instrument(s) I will bring is/are: \_\_\_\_\_
I do not need a locker for storage of my musical instrument and/or equipment.

Headphones Request (PAT Camp only; no fee for rental)

- I will need to rent headphones and appropriate adapters while I attend PAT Camp.
I do not need to rent headphones while I attend PAT Camp. The headphones I will bring with me have the following type(s) of connector(s):
1/8" stereo mini plug
1/4" stereo plug

If a parent/guardian at another address should receive this mailing, please provide the following:

Name Relationship
Address City ST Zip