The AGBU Musical Armenia Program (MAP)

Learn about an ancient musical tradition during an unforgettable summer in Yerevan

Program Description

While living in Yerevan, participants take master classes and go to specialized lectures, train and network with top musicians, perform at local venues, attend concerts and festivals, and establish professional connections.

Through organized activities and country-wide tours, MAP artists go beyond the classroom and concert halls, discovering the sights and sounds that inspire them.

Want to learn more? Our alumni can tell you what they loved most about MAP. Send us an email and we'll put you in touch: musicalarmenia@agbu.org.

MAP's one-on-one lessons with world-renowned artists focus on:

- Western classical and Armenian traditional instruments
- Composition
- Conducting
- Vocal training

MAP’s workshops cover the history of Armenian music, including:

- Ancient notational system (khaz)
- Armenian composers of the Ottoman Empire
- Classical
- Contemporary
- Dance
- Medieval
- Minstrel (ashugh)
- Soviet
- Spiritual
- Jazz

Dates and Deadlines

Program Dates: July 9 – July 29, 2018

Nagorno-Karabakh Trip Dates: July 4 - 8, 2018

Application Deadline: May 14, 2018

Notification of Acceptance: May 21, 2018

Financial Aid Deadline: June 8, 2018

Program Packages and Pricing

MAP applicants may choose from one of three customized packages.

The application fee for each package is $50.

Financial aid is available only for applicants to the Full Immersion with Housing Package.
Please note that the fees do not include airfare. Applicants are responsible for securing their own transportation.

**Full Immersion with Housing → $1,500**
- Open to applicants ages 18+
- Includes housing in an AGBU residence in Yerevan
- Includes all MAP courses, lectures and activities, as well as local transportation, and select meals

**Full Immersion without Housing → $1,000**
- Open to applicants ages 15 and up
- Includes all MAP courses, lectures and activities
- Participants are responsible for securing their own housing

**MAP Lecture Series → $300**
- Enroll in a series of 14 lectures on the history of Armenian music
- Select MAP activities and tours are available for an additional cost
- Open to applicants ages 15 and over
- Does NOT include all MAP activities.
- Lecture Series participants are responsible for securing their own housing.

An optional four-day trip (July 4 – 8) to Nagorno-Karabakh is available to all participants for an additional, all-inclusive $200. Please note that participants under the age of 18 will need to be accompanied by a legal guardian for this trip (for an additional $200).

**Program Eligibility**

- All applicants applying to **Full Immersion** must have training as instrumentalists or vocalists, or in composition and conducting (no musical training is required to participate in the **MAP Lecture Series**).
- Program is open to professional and amateur musicians.
- Ages 15 and up.
- MAP is open to applicants of all nationalities and heritages.
- Applicants under the age of 18 must be accompanied by and reside with a legal guardian throughout the duration of the program

Email your application to:  
[mailto:musicalarmenia@agbu.org](mailto:musicalarmenia@agbu.org)
Please include the following materials in your email:

1) ____ Completed application form
2) ____ 1 photocopy of passport (which includes personal information)
3) ____ Current resume/CV
4) ____ Personal essay
5) ____ $50 application fee (please make checks payable to AGBU)
6) ____ Note requesting financial aid (if applicable)
7) ____ A copy of your most current recording/performance in CD or DVD format or reference to location online (personal website, YouTube, Vimeo, etc.)

The following materials may be sent separately, but must be received by May 14, 2018:

1) ____ Current official transcript (electronic version is preferred)
   This document must be in English or translated into English
   Foreign language transcripts should be submitted in the original language, accompanied by an English translation
2) ____ One (1) signed letter of recommendation

All checks should be mailed to:

AGBU Musical Armenia
55 East 59th Street
New York, NY 10022

For a wire transfer or credit card payment, please email musicalarmenia@agbu.org for further instruction.

Incomplete applications or those received after May 14, 2018 will not be considered.

Questions? You can reach us at: +1(212) 319-6383 or musicalarmenia@agbu.org.
Application
MAP Summer 2018

Please type or print clearly

Please indicate which program package you are applying to:

Full Immersion with Housing □

Full Immersion without Housing □

Lecture Series □

Discipline:

Composer □

Conductor □

Vocal □

Instrumental □

Please specify instrument or vocal classification: __________

Genre:

Classical □

Jazz □

Folk □

Other □

Please Specify: __________
### PERSONAL DATA

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<th>First Name</th>
<th>Middle Initial</th>
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<th>Date of Birth (MM/DD/YY)</th>
<th>Place of Birth</th>
<th>Citizenship</th>
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<tr>
<th>Age in July 2018</th>
<th>Gender: □ Male □ Female</th>
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### CURRENT ADDRESS

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<th>Street</th>
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<th>Current Home Phone (include area/country code)</th>
<th>Mobile Phone (include area/country code)</th>
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<th>Email (no *.ru address)</th>
<th>Permanent Home Phone (include area/country code)</th>
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Please ensure your email address is correct. All communication will be sent via email.

### PARENTAL/GUARDIAN INFORMATION OR PERMANENT ADDRESS

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<tr>
<th>Last Name</th>
<th>Father’s Name</th>
<th>Mother’s Name</th>
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EDUCATIONAL BACKGROUND

During the 2018-2019 academic year, you will be enrolled at:

Name of College/University or Conservatory/Music School

City  State/Province  Country

Degree Pursued  Major/Field of Study

Cumulative Grade Point Average  Expected Year of Graduation
(Be sure to include your most recent official transcript).

Please list all music instruction you have previously received in chronological order (most recent to oldest).

<table>
<thead>
<tr>
<th>Institution/Instructor</th>
<th>Dates Attended//Year of Graduation (if applicable)</th>
<th>Type of Musical Training:</th>
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<td>Music School/University</td>
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<td>Private Lessons</td>
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<td>Other</td>
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<tr>
<td>Music Specialization (e.g. piano, violin, voice, etc.)</td>
<td>(Select one)</td>
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<tr>
<td>Music Specialization (e.g. piano, violin, voice, etc.)</td>
<td>(select one)</td>
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</table>
Please include a copy of your most current recording/performance in CD or DVD format or list a reference to the location online (URL to website, YouTube, etc.): _______________________________

Will you be able to receive college credit from your university for your participation in the program?

Yes □    No □

**MUSIC EXPERIENCE**

Select your vocal classification (if applicable):

Soprano □   Mezzo-soprano □   Contralto □   Tenor □   Baritone □   Bass □

Indicate your primary (1st) and secondary (2nd) instruments (if applicable). Select the category, and then specify the type of instrument and number of years played:

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<th>Keyboard</th>
<th>String</th>
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<th>Secondary</th>
<th>Keyboard</th>
<th>String</th>
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Select the musical ensembles in which you have participated:

Choir/Chorus □   Madrigal Choir □   Orchestra □   Chamber Orchestra □

String Ensemble □   Wind Ensemble □   Jazz Ensemble □   Rock/Pop Band □

List your last three (3) local, national or international musical engagements (i.e. orchestra, ensemble, concert, festival, competition, etc.).

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<tr>
<th>Engagement</th>
<th>Location</th>
<th>Position/Role</th>
<th>Date</th>
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<td>Engagement</td>
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List the last three (3) pieces of music performed either as your musical curriculum or as a hobby.

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<tr>
<th>Title of Piece</th>
<th>Composer</th>
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ADDITIONAL BACKGROUND INFORMATION

Please answer the following questions completely.

(This information will remain confidential)

Have you ever been convicted of a criminal offense? □ Yes □ No

Do you have a record of any nature that may prohibit clearance to receive a foreign visa? □ Yes □ No

Please explain:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Have you ever been to Armenia? □ Yes □ No

If yes, please indicate when and the reason for the visit:

____________________________________________________________________________________
____________________________________________________________________________________

Do you have relatives in Armenia? □ Yes □ No

Name of relative ________________________________________________________________

Relation: _______________________________________________________________________

Phone: ___________________________ Email: ______________________________

Check the appropriate level of your knowledge of the Armenian language

<table>
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<th>Basic</th>
<th>Good</th>
<th>Fluent</th>
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<td>Writing</td>
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</table>

□ Eastern Armenian
□ Western Armenian
Check the appropriate level of your knowledge of the English language.

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<th></th>
<th>None</th>
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<th>Good</th>
<th>Fluent</th>
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<td>Writing</td>
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**EMERGENCY CONTACT INFORMATION**

Please provide the following information for two (2) emergency contacts:

1. __________________________________________
   
   Last Name ____________________________
   
   First Name ____________________________
   
   ______________________________________
   
   Street ____________________________
   
   Apartment # ____________________________
   
   ______________________________________
   
   City ____________________________
   
   State/Province ____________________________
   
   Zip/Postal Code ____________________________
   
   Country ____________________________
   
   ______________________________________
   
   Email (no *.ru address) ____________________________
   
   Permanent Home Phone (include area/country code) ____________________________

2. __________________________________________
   
   Last Name ____________________________
   
   First Name ____________________________
   
   ______________________________________
   
   Street ____________________________
   
   Apartment # ____________________________
   
   ______________________________________
   
   City ____________________________
   
   State/Province ____________________________
   
   Zip/Postal Code ____________________________
   
   Country ____________________________
   
   ______________________________________
   
   Email (no *.ru address) ____________________________
   
   Permanent Home Phone (include area/country code) ____________________________
COMMUNITY SERVICE

Describe your involvement and/or service in the Armenian community and professional organizations (use additional sheet if needed):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

AGBU INVOLVEMENT

Are you an AGBU member?   Yes□ No□

If yes, indicate the chapter: ____________________________________________________________

Please check the appropriate AGBU program and list the years attended:

Year(s)
Athletics (list team/games) ____________________________
Camp alumnus/alumna (list camp) ____________________________
FOCUS ____________________________
Intern Program alumnus/alumna
  MSIP ____________________________
  NYSIP ____________________________
  PSIP ____________________________
  YSIP ____________________________
Scholarship Program (year(s) received) ____________________________
School alumnus/alumna (list school) ____________________________
Young Professionals/AYA (list group) ____________________________
PERSONAL ESSAY

Write a personal statement explaining your interest in the AGBU Musical Armenia Program. Describe your musical interests and the artistry skills you will bring to the program. Specify, in detail, your motivation for choosing to seek musical education in Armenia and what you hope to gain from the experience.

(Please limit your response to one (1) page, typed and double-spaced. Be sure to include a printed copy with your application).

HOW DID YOU HEAR ABOUT THE PROGRAM?

(Check all that apply).

AGBU Chapter □ AGBU Website/Email □ Armenian Newspapers □ Family/Friends □

Social Media □

Other (please specify):
________________________________________________________________________

APPLICANT SIGNATURE

The information given above is complete and accurate to the best of my knowledge. I am aware that any misrepresentation will result in the disqualification of my application.

________________________________________________________________________

Print Name: Signature: Date:
RECOMMENDATION FORM

The section below is to be completed by the applicant

Please choose one (1) individual from whom you wish to obtain a recommendation and provide them with a copy of this form. The letter must be written by a professional who is familiar with your artistic abilities/musical talents, and preferably has had a first-hand opportunity to evaluate your musical experience. Avoid recommendations from personal acquaintances (i.e. family friends, parish priests, etc.), unless they have a relation to your musical experience.

__________________________________________________________________________________________________________________________________________________________

Last Name: ____________________________  First Name: ____________________________  Middle Name: ____________________________  Date of Birth: ________________

__________________________________________________________________________________________________________________________________________________________

Applicant’s Signature: ____________________________  Date: ____________________________

The section below is to be completed by the reference

Thank you for taking the time to write on behalf of this applicant who is applying to the AGBU Musical Armenia Program. Please answer the questions below.

How long have you known the applicant? ___________  In what capacity? ________________________________

Please rate the candidate on the following criteria:

<table>
<thead>
<tr>
<th></th>
<th>OUTSTANDING TOP 10%</th>
<th>VERY GOOD TOP 20%</th>
<th>ABOVE AVERAGE TOP 25%</th>
<th>BELOW AVERAGE BOTTOM 50%</th>
<th>UNOBSERVED</th>
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<tbody>
<tr>
<td>Intellectual Curiosity</td>
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<tr>
<td>Seriousness of Purpose</td>
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<td>Motivation</td>
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<td>Academic Achievement</td>
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<td>Cultural Adaptability</td>
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</table>
In addition, on a separate sheet of paper (professional letterhead), please describe why you endorse the student as a nominee for the **AGBU Musical Armenia Program**. Be sure to address what you know about the student’s artistic abilities/musical talents.

Please e-mail this completed form along with a signed letter of recommendation to [musicalarmenia@agbu.org](mailto:musicalarmenia@agbu.org), or mail to **AGBU Musical Armenia Program, 55 East 59th Street, New York, NY 10022** - OR - you may return them to the applicant in a sealed and signed envelope to be mailed before May 14, 2018.

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<tr>
<th>Recommender’s Last Name</th>
<th>First Name</th>
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<th>Recommender’s Signature</th>
<th>Date</th>
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Medical Information Forms

General and Emergency Contact Information

Participant’s Name: ____________________________________________________________

Male □ Female □ Height ____________ Weight ____________

Physician’s Contact Information:

Name
_______________________________________________________________

Address
_______________________________________________________________

City ___________________________ State _______________ Zip _______________ Phone ___________________________ Fax ___________________________

Person to notify in case of an emergency:

Name
_______________________________________________________________

Relationship
_______________________________________________________________

Home Phone __________________ Bus. Phone __________________ Cell __________________

Email
_______________________________________________________________

Address:
_______________________________________________________________

City ___________________________ State _______________ Zip _______________
Medical Insurance Information

Include a photocopy of both sides of your insurance card.*

Insurance Company ___________________________ Policy Number ___________________________

Subscriber __________________________________________________________________________

Signature __________________________________ Date _________________________________

*All participants are required to have travel insurance during their participation in AGBU Musical Armenia Program.
Medical History

If you answer “YES” to any of the following questions, you must complete and return the Physician’s Report on Page 4.

Please use an additional sheet of paper if you need more space.

MEDICAL TREATMENT

Are you currently under medical treatment? □ YES □ NO

________________________________________________________________

________________________________________________________________

____________________________

____________________________________

________________________________________________________________

Do you have any ongoing or chronic medical condition (asthma, diabetes, etc.)? □ YES □ NO

Please identify the condition(s) and return the Physician’s Report form on the last page:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________

____________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

MEDICATIONS

Are you currently taking any medications? □ YES □ NO

If yes, please list name, dosage, and the condition being treated with the medication:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Name of medication Dosage Condition being treated with the medication?
ALLERGIES

Please list any allergies to medication, food or other substances/conditions:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

RESTRICTIONS

Do you have any conditions (including physical impairments or learning disabilities) that might restrict your mobility or require special facilities or assistance while abroad?  YES □ NO □
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Is there anything else about your health or medical history that may be a factor should there be an emergency?  YES □ NO □

If yes, please explain:
__________________________________________________________________________________
__________________________________________________________________________________
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Authorization Statement

I hereby authorize the AGBU Musical Armenia Program to release information from my medical history, including but not limited to medical records, to the relevant Program Director and to the cooperating or affiliated foreign institutions.

I understand that the AGBU Musical Armenia Program will not request any information from my medical records unless a situation arises while I am abroad that requires information pertinent to my safety or health. I further understand that any information obtained from my medical records that is held by the AGBU Musical Armenia Program will be destroyed upon the completion of my participation in the program.

I understand that, if I have a medical condition that requires or has required treatment, I must discuss my plan to go abroad with my clinician prior to my departure.

I understand that in the event that I need emergency medical care, hospitalization or surgery while participating in the program, AGBU will attempt to contact the emergency contact(s) listed on this form. In the case that my emergency contact(s) cannot be reached and an immediate decision about care or treatment needs to be made, I authorize the AGBU Musical Armenia Program, through its representatives, to secure any necessary treatment. If coverage is not provided through my insurance program, I understand that such treatment shall be solely at my expense. I release, discharge, indemnify, covenant not so sue, and agree to hold harmless AGBU, its members, officers, agents and employees, from any liability which may result from authorizing any medical treatment and/or medication for me. I certify that all responses on this Medical Assessment and Release Form are true and accurate.

I certify that the information on this Medical Information Form is true and correct, and I will notify the AGBU Musical Armenia Program hereafter of any significant or relevant changes in my health that occur prior to or during the program.

Participant’s signature

Printed Name Date

Parent’s/Legal Guardian’s Signature

Printed Name Date
This form is required ONLY if directed by responses earlier in the questionnaire.

_____________________________ (print participant’s name) has identified a chronic and/or recurrent health issue. Please evaluate the physical and/or mental health of this participant, who intends to participate in a summer abroad program in Yerevan. The availability of medical services in the country and areas within which the student will be living and traveling should be considered.

Diagnosis:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Medications and dosage:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Stability of condition over the past five (5) years:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

To your knowledge, are there any predisposing medical, physical, or emotional factors that, under stress of adjusting to life in another country, may require treatment while the student is abroad?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Recommendations for care of this individual (please use separate sheet, if necessary):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Physician’s Signature ________________________________ Date __________________________

Printed Name of Physician _____________________________________________________________

Address: ____________________________________________________________

City ____________________________ State ________________ Zip ________________

Phone ___________________________ Fax ________________________________
Participant Code of Conduct and Agreement Form

Please carefully review the following rules and regulations of the program. This agreement must be signed by the participant as well as his/her parent or legal guardian if under 18 years old.

- Participants must always follow the directions of the program director and staff.
- Participants must attend all the classes, lessons and activities pre-planned in the program.
- Participants must respect the environment by not littering.
- Participants must treat house equipment and property with care.
- Participants must stay with their group and the program staff at all times and may not leave the group unaccompanied without the consent of the program director.
- Under NO circumstances can participants host overnight guests or spend the night elsewhere, regardless of their relation. Participants who break this rule will be subject to dismissal from the Program.
- Alcohol, tobacco and drug use of any kind are strictly prohibited throughout the program. Participants who break this rule will be subject to immediate dismissal from the program.
- Participants should not make any summer plans that will conflict with their participation in AGBU Musical Armenia Program and must commit to the full duration of the program, except in the case of an unforeseen emergency, of which they must notify the AGBU Musical Armenia Program director immediately.
- Visits during the program are disruptive to the schedule and those not directly involved with the program will not be permitted to accompany participants on their trips or community service activities. Although we understand that parents, friends or relatives might want to join the participants in Armenia, we ask that all joint travel plans be made either prior to or following the Program in efforts to preserve the flow and integrity of the Program for the staff and the other participants.

I, (print name) __________________________________, have read the AGBU Musical Armenia Program rules and regulations listed above and agree to abide by them throughout the duration of the program. I understand that these rules and guidelines are for the safety and the protection of the participants and staff of the program. I further understand that if I choose to violate the rules and regulations set forth by the AGBU Musical Armenia Program or engage in conduct that endangers the safety of my fellow participants, the program director will take appropriate steps to stop my actions or behavior. These steps may include a verbal warning, parent notification and/or dismissal from the program. In the event that I am dismissed from the program due to a breach of regulations on my part, I understand that no full or partial reimbursement of the Participation Fee will be granted to me by the AGBU Musical Armenia Program and that I will not hold AGBU responsible for any additional expenses (e.g. additional travel arrangements, etc.) that may occur as a result of my early dismissal from the Program. I hereby release AGBU, its agents and employees from all liability, damages, causes of action, and the like during my participation in the AGBU Musical Armenia Program.

Signature of participant___________________________________________ Date____________

I, (print name) _________________________________, have reviewed these rules with my child/minor.

Signature of Parent or Legal Guardian________________________________ Date____________