

SUMMER ACADEMY 2020: Billet Information Form



VICTORIA
CONSERVATORY
OF MUSIC

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AS COMPLETELY AS POSSIBLE SO WE CAN BEST MATCH YOU WITH A HOST FAMILY.

Summer Academy attending: _____

Dates accommodation needed (if different from Academy): _____

Please indicated sensitivities to:

Smoke Dogs Cats Other

List any food allergies:

Please supply any other information you think might be relevant to providing the best billet/host family match:

You will be contacted with confirmation details.

Where possible we will match students and host families who are participating in the same academy.

Billeting fees (\$25/day) are remitted in full to the host families, or may be applied as VCM tuition credits.

NOTE: Due to high demand, we are currently only offering billeting to students **19 years and younger**. Students over 19 are encouraged to contact us for accommodation suggestions.

Downtown Office Hours:
Monday-Friday: 8:30am-8:00pm
Saturday: 9:00am-4:00pm

Billet Forms may be returned to:

gilker@vcm.bc.ca
T: 250.386.5311 ext. 2330
900 Johnson Street
Victoria, BC V8V 3N4
Phone: 250.386.5311
Fax: 250.386.6602

vcm.bc.ca

FEE: \$25/day x _____ days = TOTAL: \$ _____

Once you have been assigned a host family, a VCM representative will contact you to arrange payment.

BILLETING RELEASE & LIABILITY WAIVER

I am the parent/legal guardian of _____,
Who is participating in the VCM Summer Academy.

I acknowledge that the Victoria Conservatory of Music:

- i. will not be responsible for the my child or their actions while billeting in Victoria.
- li. Will not be monitoring or overseeing my child's activities outside program hours.

I do hereby release and discharge the Victoria Conservatory of Music, its Board of Directors, staff and faculty from any liability for any loss, damage, injury or expense that may result while my child is billeting for purposes of this program in the Victoria area.

Name (print): _____ Date: _____

Signature: _____