



Music Camp Registration

June 26-30, 2017

1:00-4:00 PM

Entering Grades 4-9

St. Paul's Episcopal Church, Maumee

Student Name: _____ (One form for each student, please)

Grade Completed: _____ Birthday: ____/____/____ Age: _____

Parent's Name(s): _____ E-mail: _____

Home Address: _____

Home/Cell Phone: (____) _____ Church Affiliation: _____

Emergency Contact Person: _____ Relationship to Student: _____

Home/Cell Phone: (____) _____ Alternate Phone: (____) _____

Person(s) Who May Pick up the Student: 1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Does your student have musical training? If so, for how long? _____

I plan to attend the (optional) auditions on Sunday, June 18, from 1:00-2:00 PM (Y/N): _____

Food Allergies: ____ Yes ____ No - If yes, list: _____

Medical Concerns: ____ Yes ____ No - If yes, explain: _____

I would like to help with Music Camp by coordinating refreshments, clean-up, props, etc.:

St. Paul Episcopal Church Music Camp leaders have permission to photograph/film the minor(s) designated above for any lawful purpose associated with this VBS program. Yes No

Parent Signature: _____ Date: _____

There is no cost for Music Camp thanks to a grant from St. Paul's Outreach Committee!