

CHILDREN'S CHOIR CAMP REGISTRATION

July 24-July 28, 2017 9:00 AM – 1:00 PM



For children AGE 7-14

Name of Child _____

Age of Child _____ Birthdate _____

Allergies _____

Parent/Guardian _____

Address _____

City/State/Zip _____

Telephone _____ Cell _____

PARENTS – please note the following:

- Please pack your child a bagged lunch and also bring a snack to share (pretzels, popcorn, chips) to serve ten children.
- **Please pick up your child promptly at 1:00 p.m. sharp.**
- Children will be released ONLY to the pre-approved parent/guardian. If another person is picking up your child, we must be informed in writing beforehand.
- **A FINAL PROGRAM will be presented on Friday, July 28 at 11:30-12:00 and parents, friends and family are invited to attend.**
- Parent Volunteers are greatly appreciated:
 - I am willing to help with ___ costumes, ___ serving snacks, ___ supervision.

FEES: \$25.00-one child; \$20.00 per child for more than one from the same family.

Approved persons for pick-up of student:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Parent/Guardian Signature _____

(For office use only) Fee Received _____ Check #: _____ Cash: _____