

**ROCK 'N' SOUL
MUSIC SUMMER CAMP 2010**

REGISTRATION FORM

(Please complete this form and mail with your deposit cheque.)

Student's Name: _____

Parent's/Guardian's Name: _____

Home Phone #: _____ Cell #: _____

Home Address: _____

Contact person in case of emergency: _____

Home Phone #: _____ Business (day-time) #: _____

Rock 'n' Soul Music Summer Schedule:

- SESSION #1: July 19-22 (Age 14-16)
- SESSION #2: July 26-29 (Age 14-16)
- SESSION #3: August 9-12 (Age 13-15)
- SESSION #4: August 16-19 (Age 14-18)
- SESSION #5: August 23-26 (Age 12-14)

Registration fee: for 1(one) Student = \$250.00

Please mail at least a 50% deposit by June 1st, 2010

Mailing Address: 189 Lake St., Peterborough, Ont. K9J 2H4

Please make cheque or money order payable to: Beau Dixon

Please register (student's name): _____ for Session # _____

Allergies or medical illness? _____

Please check one: Enclosed is a 50% deposit for _____ x student(s)

Enclosed is full amount for _____ x student(s)

I understand that there is no refund or cancellation less than twenty-four hours (24hrs) before scheduled session.

Parent's/Guardian's Name (Please Print): _____

Signature: _____