

**ROCK 'N' SOUL
MUSIC SUMMER CAMP 2011**

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: August 8-11 (Ages 12-14)

SESSION #2: August 15-18 (Ages 15-17)

SESSION #3: August 22-25 (Ages 14-16)

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

Please mail at least a 50% deposit by June 1st, 2011

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: _____