

# SINGING STRINGS ORIENTATION CAMP AUGUST 28-30, 2017 REGISTRATION FORM

Park Royal United Church, Charlottetown

Student's Name:

Home phone:

E-mail:

Mailing Address:

Date of Birth:

Instrument:

Conservatory grade level:

Orchestra:

Pre-Junior

Junior

Intermediate

Senior

Private teacher:

Parent 1 (primary contact):

E-mail:

Home phone:

Cell:

Emergency contact during camp:

Parent 2:

E-mail

Home Phone:

Cell:

Student's Health Card Number:

Please list food allergies and special diets.

Do you have any medical problems or allergies that we should know about?

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For office use only:

Deposit amount: \_\_\_\_\_ Date: \_\_\_\_\_

Final Payment : \_\_\_\_\_ Date: \_\_\_\_\_

Comments and other registration information:			
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