SINGING STRINGS SUMMER CAMP AUGUST 26 - 28, 2019 Park Royal United Church, 11 Christie Drive, Charlottetown

REGISTRATION FORM

| Student Name: | | | | | |
|------------------------|--------------|------------|--------|--------------|--------|
| Student Email: | | | | | |
| Student Phone: | | | | | |
| Parent 1 Name: | | | | | |
| Parent 1 Email: | | | | | |
| Parent 1 Phone: | | | | | |
| Parent 2 Name: | | | | | |
| Parent 2 Email: | | | | | |
| Parent 2 Phone: | | | | | |
| Address: | | | | | |
| Student Date of Birth: | | | | | |
| Instrument: | | | | | |
| Private Teacher: | | | | | |
| RCM Grade Level: | | | | | |
| Orchestra Level: | (circle one) | Pre-Junior | Junior | Intermediate | Senior |
| Emergency Contact: | | | | | |
| Student Health Card #: | | | | | |
| Any Food Allergies? | | | | | |
| Any Medical Problems? | | | | | |
| Comments? | | | | | |