

MUSIC CAMP 2015 – REGISTRATION FORM

Thomasville Road Baptist Church

July 20-24, 2015

(PLEASE PRINT)

Names of children
(first and last)

Grade Completed
(circle one)

Shirt Size
(circle one)

1 2 3 4 5

YM YL AS AM AL

1 2 3 4 5

YM YL AS AM AL

1 2 3 4 5

YM YL AS AM AL

Y=youth, A=adult

Home Address _____
(Street)

_____ (City) _____ (State) _____ (Zip)

Name(s) of Parent(s) _____

Home Phone _____ Work phone _____

Cell phone _____ E-mail _____

Does your family attend a church? _____ If so, where? _____

Allergy, medical, or other important information: _____

Person(s) authorized to pick up your child: _____

Emergency Contact (in case we are unable to reach you during the day)

Name _____

Phone number _____ Relationship to child _____

Please send information on drama/solo auditions. Yes _____ No _____

My child will attend the Thursday fun afternoon. Yes _____ No _____

My child will participate in the concert on Friday. Yes _____ No _____

Parent Signature _____

Please attach your check payable to T. R. B. C. or submit cash payment.

\$30 per child before July 20 --- \$40 per child for walk-ins on July 20

Office use only

Paid: yes no Cash _____ Check Number _____

Date received _____ by _____