



Summer Camp 2010 Camp Registration

Name of student _____ Age _____

Instrument _____

Name & Date of Camp _____

School normally attended _____

Name of Parent or Guardian _____

Address (including zip code) _____

Phone (Hm) _____ (Wk) _____

(Cell) _____ E-mail _____

Medical Insurance _____

Policy # _____

Doctor's name and phone number _____

Does your student have any special needs? _____

PR Release and hold harmless form: Avalon School & Music Center Music Inc, Avalon School of Music II LLC, and Orlando School of Music LLC Camp 2010

I _____, give my permission for _____ to participate in the camp and for the use of any pictures or recordings that may be taken during the camp for future publications or promotional use. I hold the school and any of its contractors/employees harmless of liability while on the school's premises and while participating in any camp activities.

Signature _____ Date _____

Print Name _____

Cost : \$275 per Student, (Registration & Material Fee.

Please enclose payment in full to secure a place for your student.

Registration and payment must be received by May 15, 2010.

Payment- Cash, Credit Cards, or Checks made out to Avalon School of Music, LLC