

SCHOOL OF ROCK, BUCKS COUNTY

2-week Summer Boot Camp

2010 Enrollment Form

Camper Name: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Date of birth: _____

Instrument(s) to be played at camp (including vocals):

Number of years experience for above instrument(s):

Tee-shirt size (youth M, adult S, M, L): _____

How did you hear about us?

Parent/Guardian's Name: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Emergency name: _____

Emergency phone: _____

Session selection (circle one)

Session I

Session II

(July 12-16 & 19-23)

(August 2-6 & 9-13)

Tuition: \$1095 (\$250 deposit allowed for current students with this form. Balance due May 1st)

My check is enclosed for \$ _____

Please charge my: Visa MasterCard

Card number: _____ Exp: _____

I have read and agree to the tuition, student conduct, and cancellation policies of the School of Rock Music Summer Boot Camp. I give permission for publication of photographs, videos, and recordings of my child at SOR Summer Boot Camp.