

ROCK ACADEMY

SUMMER CAMP 2017

CAMP DATES _____

STUDENT NAME _____

AGE _____ BIRTHDAY _____

PARENT'S NAME _____

MAILING ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ CELL _____

EMAIL _____

EMERGENCY CONTACT _____ PHONE _____

SCHOOL _____

INSTRUMENTS _____

WHAT ELSE SHOULD WE KNOW? _____

HOW DID YOU HEAR ABOUT US? _____

\$195 PAID _____ ACCEPTED BY _____

