



## ROCK ACADEMY SUMMER CAMP REGISTRATION FORM

REQUESTED DATE(S) \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_

INSTRUMENT(S) \_\_\_\_\_

WHAT ELSE SHOULD WE KNOW? \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*For School Use Only:*

ENROLLMENT FEE PAID \_\_\_\_\_ DATE(S) ACCEPTED \_\_\_\_\_