

Songwriting Camp
REGISTRATION FORM

STRATFORD SUMMER MUSIC
info@stratfordsummermusic.ca
P.O. Box 1013, Stratford, ON N5A 6W4
Phone: 519.271.2101

Please check your preferred session:

Morning (Ages 9-12) 9:00 am – 12:00 pm Afternoon (Ages 13 - 17) 1:00 pm – 4:00 pm

Participant Information:

Last Name: _____ First Name: _____ Date of Birth: _____

Have you ever written a song, or played in a band before? Briefly describe: _____

How comfortable are you 1) singing by yourself? _____ 2) singing in a group? _____

Instruments you currently play, briefly describe your skill level and how many years you've been playing: _____

Do you have your own instrument, or would you require an instrument supplied? _____

Medical Information: Please list any serious medical concerns, allergies or conditions that our staff should be aware of. _____

Heath Card # _____

Parent/Guardian Name: _____

Emergency Contact Name and Number: _____

Mailing Address: _____

Home Phone #:

Cell #:

Email Address:

Please list all the names of individuals who have permission to pick up your child from the camp. Please remember that your child will only be released to the people listed here.

Payment Method (\$125 per student)

Cheque Enclosed

Credit Card: _____ VISA _____ MasterCard _____ AMEX

Credit Card #:

Expiry Date:

3 or 4 digit verification code:

Name on card:

Any other notes or requirements?

How did you hear about the Songwriting camp?

Stratford Summer Music

Mail: P.O. Box 1013, Stratford, Ontario N5A 6W4

Office: 2nd Floor, 25 Ontario Street, Stratford, Ontario

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www.stratfordsummermusic.ca