

**Songwriting Camp, 2018**  
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)       Afternoon (Ages 13 - 17)   
9:00 am – 12:00 pm                      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 (\$100 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: 2<sup>nd</sup> Floor, 25 Ontario Street, Stratford, Ontario

[info@stratfordsummermusic.ca](mailto:info@stratfordsummermusic.ca)

[www.stratfordsummermusic.ca](http://www.stratfordsummermusic.ca)