



Elefante Music
& School for
the Performing Arts

Summer Camp Registration 2019

For: Samba Rhythm Camp

Student

Name: _____ **Parent/Guardian:** _____

Birth Date: ____/____/____
(mm) (dd) (yyyy)

Grade: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

(Indicate the grade your child is going to be in starting in September, 2019)

Address: _____ **City:** _____ **State** ____ **Zip** _____

Home Phone: (____) _____

Business Phone: (____) _____

Cell Phone: (____) _____ **E-Mail** _____

Please list the number of years' experience on any instrument, if applicable _____

Emergency Contact Name _____ **Emergency Contact Phone** _____

Medical or emotional issues that you would like to make us aware of:

Please list any allergies, food or otherwise, and whether or not you have an allergy action plan form:

How did you hear about us? _____

I agree to allow Elefante Music & School for the Performing Arts to use photographic images and sound bytes of my child for promotional material.

Signature: _____
(Authorized Signature of Student or Parent/Guardian if Student is less than 18 yrs.)

Date ____/____/____
(mm) (dd) (yyyy)

Elefante Music & School for the Performing Arts (908) 464-5928
1790 Springfield Ave. New Providence, NJ 07974 www.elefantemusic.com



Camp Name (please circle applicable)	Price
Samba Rhythm Camp	\$300
Registration fee (waived for returning campers and for families with a student who has enrolled in a class or in private lessons at our New Providence or Scotch Plains locations in the past.)	\$25.00
Total Due	

Billing Information:

Payment Method: Visa MasterCard Discover AMEX Check: # _____ Cash

Card Holder Name: _____

Credit Card Info: Account #: _____

Exp Date: ____ / ____
 (mm) (yyyy)

Signature: _____
 (Authorized Signature of Student or Parent/Guardian if Student is less than 18 yrs.)

Date ____ / ____ / ____
 (mm) (dd) (yyyy)