

Summer Camp Registration 2019 For: Just Flute Camp

Student Name:Parent/Guardian:						
Birth Date:						
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:StateZip						
Home Phone: ()						
BusinessPhone: ()						
Cell Phone: () E-Mail						
Please list the number of years' experience on the flute						
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: Date / / (Authorized Signature of Student or Parent/Guardian if Student is less than 18 yrs.) (mm) (dd) (yyyy)						



Camp Name (please circle applicable)	Price
Just Flute Camp 1	\$275
(Note: student must have at least 2-3 years' experience on instrument)	
Just Flute Camp 2	\$275
(Note: student must have at least 3+years' experience on instrument)	
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 Me	thod:	□ Visa	□ MasterCard	□ Discover	□ AMEX	□ Check: #	□ Cash		
	Ca	ard Holde	er Name:						
Credit Ca	rd Info	: Account	#:			Ехр	Date:/		
Signature:	(Authorize	d Signature o	f Student or Parent/Guar	dian if Student is les	s than 18 yrs.)	Date	/ / / / // ///////////////////////////		