



Camp Enrollment Form

Student's Name: _____

Student's Address: _____

Camp Title: _____

Camp Dates: _____

Contact Person(s) and Relationship: _____

Current Music Teacher: _____

E-mail Address(es): _____

Phone Number(s): _____

Camp Tuition: _____ Amount Paid: _____ Date: _____

I understand that the pick-up time is _____, daily lunch (packed) is the student's responsibility, and no refund is issued after the first day of any camp at the Aurora School of Music.

Parent's Signature: _____

Office Use:

ASM student: Y / N
All personal information completed
Pre-requisite completed
GP: Camp dates in Account notes
 New Purchase completed

Today's Date _____

Official completing enrollment _____