



# Camp Enrollment Form

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Camp Title: \_\_\_\_\_ Camp Dates: \_\_\_\_\_

Current Music Teacher: \_\_\_\_\_

Contact Person(s) and Relationship: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Camp tuition: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date: \_\_\_\_\_

Charge to school account: Y N If NO, fill in credit card info.

Credit card #:

Exp: \_\_\_\_\_

Visa

MC

Discover

I authorize a charge to my credit/debit card for ASM Camp fees.

I understand that the pick-up time is 2:30 PM and no refund is issued after the first day of any camp at the Aurora School of Music.

Parent's Signature: \_\_\_\_\_

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## Office Use:

ASM student: Y N Audition date and time: \_\_\_\_\_

GP: New Purchase completed with notes

Official completing enrollment \_\_\_\_\_ Today's Date: \_\_\_\_\_