

ST ANTHONY MARY CLARET
SUMMER MUSIC CAMP
REGISTRATION FORM

Name(s) of Parent(s) or Guardian(s)

Street Address

City

State

Zip

Home Phone

Cell Phone

E-mail Address

Emergency Contact (in the event that you cannot be reached by cell phone)

Allergies (Food and/or Drug)

Child

Age

Age

Age

Age

Age

Registration Camp Fee

Paid: _____