

# St. James Music Camp Registration Form

July 25th - July 29th **OR** August 15th - August 18th

**Singing for 5:30 Mass:** Sat. July 30th **OR** Sat. August 20th

Parent's Names \_\_\_\_\_

Contact Numbers \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Which week would you like to attend? *July 25-29?* \_\_\_\_\_ **OR** *August 15-18?* \_\_\_\_\_

Number of Children Participating \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Emergency Contact Information/Alerts:

*(Please include any allergens or medication we should know about.)*

\_\_\_\_\_ none \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

