

Mr. Miller's Jazz Improvisation Music Camp Fall 2008 Registration Form

Student's Full Name: _____

Instrument: _____ Grade level in 08/09 year: _____

School Name: _____

Attended one of Mr. Miller's jazz camps before: yes _____ No _____

Parent/Guardian Full Name: _____



Parent e-mail address: _____

(Print neatly and case sensitive.)

Optional second e-mail: _____

Home Phone #: _____

Cell Phone #: _____

Please check one:

___ **\$190** Registration for new to camp *or* returning to camp
 but does ***not*** have their **2** play-along book's and CD's.

___ **\$160** Registration for returning camp students that ***already***
 have **Vol. 35 "Bluesy Jazz & Vol. 54 "Maiden Voyage"**

Please make checks payable to: **Unionville-Chadds Ford School District**

Mail registration and check to:

**Unionville-Chadds Ford School District
 Attn: Mary Garvey – Jazz Camp
 740 Unionville Road
 Kennett Square, PA 19348**

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____ Address: _____ _____ email: _____	Name: _____ Relationship: _____ Phone: _____ Address: _____ _____ email: _____
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A nurse will not be onsite during camp. Consent to release child to receive medical or surgical attention/care recommended by physician/hospital:

Parent/Guardian signature: _____

If your child has a special need (*allergy, diabetes, etc...*) please attach a description.