

# Mr. Miller's Jazz Improvisation Music Camp Fall 2009 Registration Form

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

Instrument: \_\_\_\_\_ Grade level in 09/10 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:

**UCFSD – Jazz Camp  
Attn: Noelle Nocera  
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.