SOUNDS OF SUMMER 2017 REGISTRATION FORM

Name: (last, first, middle)	please print legibly
Age:Instrument(s)	SexBirthdate
Address:City	
State:Zip:cell 'phones:	
e-mail	
Parent's name	
Parent's address (if different from above)	
Phones:Email: Music teacher's name 'Phone:Email:	
Please consider me for: Jazz Band:Jazz Cho I am also interested in: DramaArt Tshirt:	
TUITION: <u>\$900</u> per week includes: Room & Board, I class instruction, Master Class attendance Please circle <u>Overnight</u> or <u>Day camper</u> To perform	, Tee-shirt.
Day Campers: \$570 includes: same as above, w/o Registration deadline June 5, 20 Final Payment is required to be postmarked by July 2. enclose a brief letter stating the reason for the request. You will	17 To apply for financial aid,
Student signature	
Parent or guardian signature	
Please mail: S350 deposit (nonrefundable) payable to application form a brief history of your musical train including years of study, solos, important pieces performed and bands, choirs or orchestras Mail to: PCMA PO Box 1702 Mt. Vernon	ing and performances, ed, and previous teachers