



# Norwood Parents Music Association Music Camp

## CAMP REGISTRATION PAYMENT FORM

Please print clearly

STUDENT NAME	Y.O.G.	PLEASE INDICATE: Marching Band/ Guard Madrigal/ Choral
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

NAME OF PARENT/ GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT E-MAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STUDENT E-MAIL: \_\_\_\_\_

**Camp Payment of \$200.00 enclosed: \$ \_\_\_\_\_**

**Please make checks payable to: Norwood Parents Music Association**



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## PERMISSION FORM

I, \_\_\_\_\_, individually and as a father/mother/guardian of  
\_\_\_\_\_do, hereby, give permission for my son or  
daughter to attend and participate in all activities at Music Camp.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Please return to respective teacher with registration form.*