

CAMP DRUM

Registration Form

Name _____ Date of birth _____

Year in school as of September 2009 _____

Number of years playing percussion instruments _____

Is the student currently studying percussion with a private teacher? _____

If so, who? _____

Name of Parent/Guardian _____

Home address _____

City _____ State _____ Zip code _____

Home phone _____

Work phone _____ X _____

Parent cell phone _____

Parent email address _____

Please list any individuals authorized to pick up your child at the end of the day:

Signature of Parent/Guardian _____ Date _____

**Please mail a copy of this form (along with the medical information form
and your non-refundable \$50 deposit) to:**

Camp Drum
2118 Fairfield Rd.
Lindenhurst, IL 60046