

**TRINITY CHURCH SUMMER MUSIC CAMP REGISTRATION FORM**

*Child(ren)'s name/gender/age/grade completed:*


*Parents' Names*

*Address*

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*Phone*

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*Home*

*Work*

*Cell*

*Email*

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*Church*

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*Child(ren)'s previous musical experiences:*

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*Emergency contact person and phone number:*

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*Allergies or other medical condition of which we should be aware:*

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Return registration form with emergency release form and tuition check to:

Trinity Church Music Camp  
P. O. Box 1158  
Woodinville, WA 98072-1158