

School of Rock Day Camp **Registration**

Please complete registration form and return with 50% deposit to reserve session.

The balance for the camp session is due 1 week before the session start date.

Please check the appropriate box for session dates.

Rocketeers I - \$100 Ages 7-10

- June 9, 2008 – June 11, 2008
- June 16, 2008 – June 18, 2008
- July 14, 2008 – July 16, 2008
- August 4, 2008 – August 6, 2008

Rocketeers II - \$100 Ages 7-10

- June 30, 2008 – July 2, 2008
- July 21, 2008 – July 23, 2008

Punk Rockers - \$325 Ages 11-13

- June 23, 2008 – June 27, 2008
- July 28, 2008 – August 1, 2008

Rock Warriors - \$325 Ages 14-17

- July 7, 2008 – July 11, 2008

Participant Information:

Name _____

Address _____ City, State, Zip _____

Home phone _____ Alternate Phone _____

Date of birth _____ Age of participant when camp is in session _____

I do give permission for my child to participate in the Brevard Rock Gym School of Rock Day Camp. I have completed the necessary waiver and health form required by Brevard Rock Gym in order for my child to participate. I understand that I may cancel this camp session for a full refund at least 45 days prior to the first day of camp minus a \$25 cancellation fee. I further understand that after 45 days I forfeit my deposit. If a camp session is cancelled due to inadequate registration I understand I will receive a full refund of all payments and deposits which can be applied to another camp session.

Signature of Parent/Legal Guardian _____ Date _____

Printed Name of Signatory Above _____

Checklist: (staff use only)

- | | |
|---------------------------------|--------------------------------------|
| ___ Completed registration form | ___ Completed waiver |
| ___ Completed health form | ___ Received camp information packet |
| ___ Paid 50% deposit | ___ Balance paid in full |