

Welcome to Maui Music Mission!

We are so excited to have you join us but before we get to rockin' we need some information:

Session: FAM JAM 2019

Please print legibly

Head of Ohana: _____

Phone #: _____

Address: _____

Email: _____

Other Contact Name: _____

Other contact number: _____

Participant # 1 Full Name: _____

Instrument: _____

Participant # 2 Full Name: _____

Instrument: _____

Participant # 3 Full Name: _____

Instrument: _____

Participant # 4 Full Name: _____

Instrument: _____

Participant # 5 Full Name: _____

Instrument: _____

Participant # 6 Full Name: _____

Instrument: _____

By signing below I agree that If I am unable to attend any of the above days in the session I will not be issued any refunds. I understand that payment is due at the time of registration. By signing below I authorize Maui Music Mission unlimited use of photographs and to send me emails relating to the program above as well as other programs offered. I give my permission to Reuben or Ronda Pali to authorize medical treatment in the event of an emergency. I also agree to hold Maui Music Mission, it's owners and associates, HARMLESS of liability under ANY and ALL circumstances.

Printed name: _____

Signature: _____ Date: _____