Rockin Mozart Academy
2021 Camp Registration Form

_____
Child's First Name (Please print clearly on the line above)   Goes By

Date of Birth: _____   _____ Check if your child attends Rockin Mozart

Parent/Guardian Information	
_____ Name (Please print clearly on the line above) _____ Address _____ City, State, Zip _____ Phone _____ Email Address (Please print clearly on the line above)	_____ Name (Please print clearly on the line above) _____ Address _____ City, State, Zip _____ Phone _____ Email Address (Please print clearly on the line above)

Camp Registration

Date	Camp(9:00-3:00)	Early Drop Off
June 14th – 18th: Musical Bash Camp/ Build a Band	_____	_____
July 12th – 16th: Performance Camp	_____	_____

Calculate Total Payment: _Fees are due one week prior to the camp start day._

Registration: # of weeks: _____x $25 _____   Registration fee: _____
                                                                                                                 Date Paid

Camp: # of weeks:_____x $200 _____   Camp Fee: _____
                                                                                                Date Paid