

# Rhythm of Faith Music Camp Registration Form

Name of Child \_\_\_\_\_

Age of Child \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Email \_\_\_\_\_

Days attending

\_\_\_\_\_ June 17

\_\_\_\_\_ June 18

\_\_\_\_\_ June 19

\_\_\_\_\_ June 20

\_\_\_\_\_ June 21

Dietary Restrictions: \_\_\_\_\_

\*Cost: \$40 per child, or \$30 per child for families with 3+ children attending

\*payments to be made either by mail to St. John's or in person at the beginning of the week

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_