

Summer Camp

**250.785.7070
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we are on Facebook!**

Registration Form

Parent’s Surname: Parent’s First Name(s): Today’s Date:

Home Phone: Work: Cell:

Mailing Address: Postal Code: Email:

Child’s Surname: Child’s First Name: Birthdate:

Current Age: Gender: M F Referred by:

Allergies: Name of Physician:

 **🞏**  **July 9,10, 11, 2024 (9am-12pm) JAZZ KITCHEN**

 **🞏 August 13,14,15, 2024 (9am-12pm) CARNIVAL OF MUSIC**

***Half Day Camps***