

Youth Music Outreach

Summer Music Camp 2008

Please complete and return with your non-refundable \$100 registration fee to:

**Youth Music Outreach
PO Box 300008
Escondido, CA 92030**

Student's Name:		Parent's Name:	
Birthdate:		Address:	
Gender: M F		City, State Zip:	
Primary Instrument:	Years Played:	Home Phone:	
Secondary Instrument(s): (if applicable)		Cell Phone:	
Years Played:		E-mail Address: (parent)	
Private Instructor's Name: (if applicable)		How did you hear about the YMO 2008 Summer Music Camp? <input type="checkbox"/> Band Director <input type="checkbox"/> School <input type="checkbox"/> Private Instructor <input type="checkbox"/> YMO Website <p style="text-align: center;">(If one of below, please specify)</p> <input type="checkbox"/> Other Website _____ <input type="checkbox"/> Magazine Ad _____ <input type="checkbox"/> Music Store _____ <input type="checkbox"/> Friend _____ <input type="checkbox"/> Other _____	
Band Director's Name: (if applicable)			
Church: (if applicable)			
School:			
T-shirt Size: AS AM AL AXL			
E-mail Address: (student)			
Please note any medical conditions or allergies (especially to food): (All students will be given a medical release form in registration packet.)			
If accepted into the YMO 2008 Summer Music Camp, I agree to participate in all events and activities. I further agree to abide by all rules and regulations.			
Student's Signature:		Parent's Signature:	