

Fairfax County Summer Band Camp

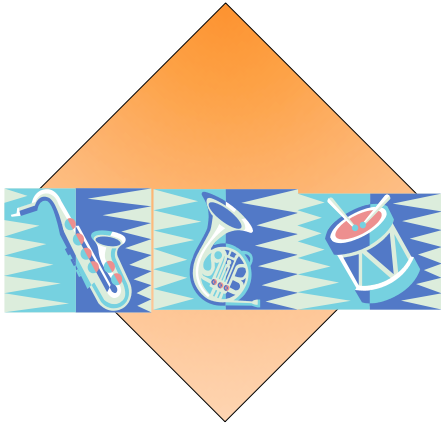
(Formerly Frost –Robinson Summer Band Camp)

June 27 – July 15, 2011

8:00am – 11:30am

Held at Robinson Middle School

Visit www.frostbands.com for more details!



Please return with a \$190 check payable to **Frost PTA** to:
FC Summer Band Camp
4101 Pickett Road
Fairfax, VA 22032

Student Name: _____

Instrument: _____

Years on Instrument: 0* 1 2 3 4 5

*Beginners must attend the first week of camp.

Private Lessons? Y N

Your School in 2011-12: _____

Your Grade in 2011-12: 5 6 7 8 9 **T-Shirt Size:** Adult S M L XL

Mother's Name: _____

Father's Name: _____

Phone # During Camp Hours: _____

Parent E-Mail: _____

Please print VERY neatly. Registration confirmation will be sent to this address.

Home Phone: _____ **Sub-Division:** _____

Do you want your name, phone and sub-division to be included in a carpool list emailed to campers? Y N

Emergency Contact: _____ **Phone:** _____

Insurance Co. _____ **Policy #** _____

The camp has my permission, in an emergency when I or my physician can not be contacted, to send my child to the nearest hospital and the hospital and its medical staff have my permission to provide treatment which a physician deems necessary for the well being of my child.

Parent Signature