



Summer Chorus Camp!

Student's Name: _____
(last) (first) (middle)

Date of Birth: ____/____/____ Home Phone #: _____

Current School: _____

T-shirt Size: YM YL AS AM AL AXL AXXL

Parent/Guardian Name: _____

Address: _____

Cell Phone #: _____ Work Phone #: _____

E-mail: _____

Please list all allergies or conditions/restrictions pertinent to camp participation. All medications must be checked in with the front office and a medication form must be completed.

Camp Dates: June 23-26, 1:00-5:00pm with a final concert on Thursday June 26th at 4:00pm

Location: Cobb Middle School Chorus Room

Who: Camp is open to all incoming 6th, 7th, and 8th grade students

All materials are provided by the camp organizers. Students will receive a snack, **but no lunch before camp will be provided.** Therefore, if they are coming from another camp, please make sure they bring a lunch.

The total fee for this week is \$100. Please make all checks payable to Wesley Roy. Please either mail in your check and permission form to Cobb Middle School or drop them off at the school's front office during school hours as soon as possible.

Cobb Middle School
c/o Wesley Roy
915 Hillcrest Street
Tallahassee, FL 32308

We apologize, but no refunds will be given due to cancellations, unless the camp organizers cancel the camp.

If you have any questions, please feel free to contact Mr. Roy at royp@leonschools.net.