

Allegro Music Studios, LLC Summer Camp Registration Form

Student Name: _____ Date of Birth: _____

Age: _____ Grade: _____ School: _____

Summer Camps: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Mailing Address: _____

Parent/Guardian Name: _____ Relationship to Student: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Mailing Address: _____

I have read and understand the policies set forth by Allegro Music Studios, LLC and agree to follow them.

Print Name (Parent or Guardian of Student if minor): _____

Signature: _____ Date: _____

Photo Release: I give Allegro Music Studios LLC permission to use photos and videos of this student.

Print Name (Parent or Guardian of Student if minor): _____

Signature: _____ Date: _____