

APPLICATION FORM



Student's name: _____
Date of Birth: _____
Instrument(s): _____

First

Middle

Last

Date of Birth: _____

Month / Day / Year

Age: _____

Sex: _____

Instrument(s): _____

Years studied? _____

Contact Information

Street Address: _____
City: _____ Prov/State: _____ Postal Code/ Zip Code: _____
Country: _____
Tel. (home): _____ Tel. (work): _____ Cell: _____
E-mail: _____

Mother's Name: _____ Father's Name: _____
Name of person in charge? (father, mother, guardian) _____

Medical Information

Medical problem: _____
Care required: _____
Medication: _____
Camper's Health Insurance number: _____
In case of emergency, contact: _____
Telephone (other than mother or father): _____
Date of last Tetanus shot: _____
In case of emergency, if there is no way to contact the person responsible for the camper, do you authorize the doctor to make the necessary decisions? Yes No
Please indicate allergies or other illness and if medication needed: _____
Family Accident Insurance (for children in school): _____
Insurer's name: _____

Date: month / day / year

Camper's signature

Signature of parent or guardian

Please send this form along with your payment to:

Camp Musical Tutti
3440 Patricia Avenue
Montreal, QC
H4B 1Z1 CANADA