



PRE-REGISTRATION FORM

PRIMARY CONTACT

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS – Street: _____

Apt: _____ City: _____ Postal Code: _____

PHONE (Home): _____ PHONE (Cell/Pager): _____

PHONE NUMBER (Work): _____

EMAIL ADDRESS: _____

PREFERRED METHOD OF COMMUNICATION (Please circle):

Home Phone – Work Phone – Cell Phone – Pager – Email

PARTICIPANT #1

LAST NAME: _____ FIRST NAME: _____

GENDER (Please circle): M F DATE OF BIRTH: _____ AGE: _____

MY CHILD WILL BE ATTENDING: (Please Circle)

Session 1 - August 11-15, 2008 from 9:00am – 4:00pm	YES	NO
Before Hours during Session 1 from 7:30am – 9:00am	YES	NO
After Hours during session 1 from 4:00pm – 5:45pm	YES	NO

MY CHILD WILL BE ATTENDING: (Please Circle)

Session 2 - August 18-22, 2008 from 9:00am – 4:00pm	YES	NO
Before Hours during Session 2 from 7:30am – 9:00am	YES	NO
After Hours during session 2 from 4:00pm – 5:45pm	YES	NO

36 Gardiner Drive Ajax, ON L1S 5Y3

email: joy@steelpanexperience.com | web: www.steelpanexperience.com | phone: 289-314-0527



PARTICIPANT #2

LAST NAME: _____ **FIRST NAME:** _____

GENDER (Please circle): M F **DATE OF BIRTH:** _____ **AGE:** _____

MY CHILD WILL BE ATTENDING: (Please Circle)

Session 1 - August 11-15, 2008 from 9:00am – 4:00pm	YES	NO
Before Hours during Session 1 from 7:30am – 9:00am	YES	NO
After Hours during session 1 from 4:00pm – 5:45pm	YES	NO

MY CHILD WILL BE ATTENDING: (Please Circle)

Session 2 - August 18-22, 2008 from 9:00am – 4:00pm	YES	NO
Before Hours during Session 2 from 7:30am – 9:00am	YES	NO
After Hours during session 2 from 4:00pm – 5:45pm	YES	NO

I have enclosed a non-refundable deposit of \$ _____ for my child(ren)'s registration for THE STEEL PAN EXPERIENCE Summer Steel Pan Camp.

I understand that all returned cheques are subject to a \$30 processing fee.

I understand that this deposit secures my child(ren)'s registration for Summer Steel Pan Camp until August 6th, 2008 at which time the remaining balance is due.

(Parent/Guardian Signature)

(Date)

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