2010 ACCMS Choir Camp Registration

July 26-30, 2010

Name_____ Phone _____ Grade ('10-'11)____

Address _____City_____Zip_____

Mother First Name_____ Mother Last Name _____ Father first _____ Father Last _____

Email: [ ]

School_____ Music Teacher/Choir Director _____

☐ Please contact for Scholarship interview

Interview date _____ Scholarship amount $_____ Awarded by _____

Registration: $105.00 ☐ $40 enclosed (received by July 10) ☐ _____ enclosed (received by July 10)

Date rec'd _____ Date rec'd _____

On-site Registration: $115.00 ☐ $115 received after July 10)

Date rec'd _____

☐ We need an ACCMS performance shirt $20.00 enclosed Date rec'd _____

_____

Parent's signature

Mail with payment to: ACCMS PO Box 472, North Kingsville, OH 44068