



Bobcat Music Camp Registration Form

Child's Name: _____ Age _____

Child's Name: _____ Age _____

Parent / Guardian (1) _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Parent / Guardian (2) _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Address: _____ City _____ Zip: _____

Please enroll my child(ren) in the following summer 2017 weekly session(s):

_____ Session 1 June 19-23

_____ Session 2 June 26-30

Camp will begin at 9 a.m. daily and end at 3 p.m. – please contact us if you are interested in aftercare.

\$350 per session. Campers must be entering 2nd through 8th grades.

Please return the Registration/Emergency Form, Waiver, and a check made payable to Joshi Marshall, to the address below:

Joshi Marshall
2101 California Street #7
San Francisco, CA 94115

Emergency Contact Form

In the case of an emergency and if you are unreachable, please contact:

(1) Name _____ Phone _____

Relationship to child: _____

(2) Name _____ Phone _____

Relationship to child: _____

Physician to be called in the case of an emergency:

Name: _____ Phone _____

Insurance: _____ Policy #: _____

Dentist to be called in the case of an emergency:

Name: _____ Phone _____

Allergies/Physical or medical limitations:

Please list all persons (besides parents listed above) that are authorized to pick up your child:

(1) Name _____ Phone _____

(2) Name _____ Phone _____