

**2010 PIANO CAMP
REGISTRATION FORM**

Student's Name _____ Age _____

of Years Played _____

Parent/Guardian Name _____

Address Line 1 _____

Address Line 2 _____

Primary Phone _____ Secondary Phone _____

Email Address _____

PROGRAMS (please select one)**

- | | |
|---|--|
| <input type="checkbox"/> Camera Crew | <input type="checkbox"/> Producers |
| <input type="checkbox"/> Production Crew | <input type="checkbox"/> Rec. MM (M/W) |
| <input type="checkbox"/> Serious Stuntmen | <input type="checkbox"/> Rec. MM (Tu/Th) |
| <input type="checkbox"/> Actors' Guild | <input type="checkbox"/> Jazz Piano |

Please detach and mail this registration form, along with
a \$40 non-refundable deposit to:

**Piano Camp
Jackson Symphony Orchestra
215 W. Michigan Ave.
Jackson, MI 49201**

Payments may be made in the form of check, money
order, or credit card (Visa/Mastercard/Discover). For
credit card payments, please call the Jackson Symphony
office. Please make checks payable to "JSOCMS."

****Please note that program availability is subject to
minimum enrollment levels.**

Community Music School
Jackson Symphony Orchestra
215 W. Michigan Avenue
Jackson, MI 49201

Jackson
SYMPHONY ORCHESTRA

