

Summer Youth Choir Camp

July 10 -11, 2017

9 am – 3 pm

Registration Deadline: June 30, 2017

Name of Student _____ School _____ Grade Completed _____
Address _____ City _____ Zip Code _____
Name of Parent _____ Phone Number _____ 2nd Phone
Number _____
Email Address _____ T-Shirt Size: Youth S M L XL Adult: S M L XL XXL
Name of Doctor _____ Phone Number _____
List all known Allergies (food, medication, etc.) If none, so state _____

List special medical problems, or concerns. If none, so state _____

List any medications the youth is presently taking and its purpose. If none, so state: _____

Has youth had a tetanus shot within 5 years? (Y/N) _____ Date: _____

In case of an emergency who to contact and phone numbers)

Name _____ Cell Phone _____

Home Phone _____ Work Phone _____

Other emergency numbers. (Please give names, relationship, and numbers)

1. _____

2. _____

Return completed forms and \$60 registration fee to: Louisiana Choral Foundation

P O Box 403

Lake Charles, LA

70602

Contact Person: Kari Proksch, Artistic Director Les Petites Voix 337-912-8592