

The Philadelphia Clef Club of Jazz & Performing Arts, Inc.

Summer Jazz Camp 2013 Application Form

Week One: Monday, July 15, 2013 - Friday, July 19th 2013
Week Two: Monday, July 22, 2013 - Saturday, July 26, 2013
(Daily Camp Hours: 9:00 a.m. until 2:30 p.m. EST)

Please Fill-In All Pertinent Information

Parent/Guardian Name _____

Student Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Age _____

Name Each of your Instruments _____

Person to contact in case of emergency:

Name _____

Day Phone _____ Night No. _____

Night Phone _____

Application implies agreement to give Summer Jazz Camp faculty
Permission to secure appropriate medical care in the unlikely event of an
emergency.

Philadelphia Clef Club Education Department
736-38 South Broad Street
Philadelphia, PA 19146

Phone: 215-893-9912

Fax: 215-893-9917

Parental/Guardian Consent Form

To the Parents/Guardian of _____

We will participate in many exciting projects and activities this
year, highlighting the students within the school. However, some
projects and actives will be shared with the media, in which case
pictures or videos many be taken of students, and the child's name
may be noted. The same will apply if photographs, videos, or
names are used in professional and/ or media presentations.

Regarding having your child's picture or name used, please check
one of the boxes and sign below.

I Accept I do not accept Date _____

Parent/Guardian Signature _____

Daytime Telephone Number _____

Thank you
Education Director

Lovett Hines

Mr. Lovett Hines