



Community String Project Youth Summer Camp 2024 Registration Form

Child's name: _____ School: _____ Grade in Fall 2024: _____

Parent/Guardian: _____ email _____

Address: _____ City/State: _____ Zip _____

Home Telephone: _____ Cell phone: _____

Work Telephone: _____

Emergency Contact (other than parent): _____

Relationship: _____ Phone: _____

Emergency/Medical Notes:

Grade in school ____ Has played instrument for: 1 year ____; 2 years ____; 3 years ____; longer (middle school) ____

I give CSP permission to use my child's photo for publicity purposes (including social media posts). YES / NO

Parent/Guardian Signature _____

Please indicate the person(s) you approve for pick-up. Students must be picked up on time!

Approved name(s) for pick-up

_____ Cell phone: _____

_____ Cell phone: _____

We will need to use a CSP instrument: violin ____ viola ____ cello ____ bass (middle school only) ____

LESSON & FEE COST (check all that apply)

- ____ Lesson fee – 2 weeks / 8 days \$175
- ____ Instrument maintenance fee for CSP instrument \$25
- ____ Free/reduced lunch program lesson fee (includes instrument usage) \$30
- ____ Donation (We'd like to support a student) \$ ____
- TOTAL PAYMENT (checks payable to CSP): _____

Payment may be made online at: communitystringproject.org

Or by check to: Community String Project, PO 513, Bristol, RI 02809

Checks should be made payable to *Community String Project*.

For mor info please contact:

Vicki Boyle Executive Director

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401-500-1243