

The Swing Time Vocal Jazz Camp 2007 Registration Form

Name: _____ Telephone: _____

Age: _____ Grade: 8 9 10 11 12 Email: _____

Address: _____

City: _____ Postal Code: _____

Previous Singing Experience: (Check all that apply)

Highschool

Name of School: _____ Instructor: _____

Number of years: _____

Elementary School

Name of School: _____ Instructor: _____

Number of years: _____

Community Groups Name: _____ Years _____

Private Voice Lessons Instructor: _____ Years _____

Church Number of
Years: _____ Describe: _____

Musical Productions

Describe: _____

Other

Describe _____

Questions and further info, contact:

Debbie Low

604.868.5750

info@swingtimevocaljazz.com



Emergency Contact Information:

#1. Name _____
Number: _____ Relationship: _____

#2. Name _____
Number: _____ Relationship: _____

Any allergy or medical concerns:

Parental Consent

I, _____, the parent/guardian of _____ give permission for my son/daughter to participate in The Swing Time Vocal Jazz Camp, from August 20 –24, 2007.

Signed: _____ Dated: _____

I am a parent who would love to volunteer some time in helping out.

Name: _____

Contact: _____

Payment before June 8th - \$175

Payment after June 8th - \$235

Please make checks payable to “Swing Time Vocal Jazz”

Mail registration and payment to:

Swing Time Vocal Jazz Camp 20386 98A Ave. Langley, BC V1M 0A6