



Registration Form

Name of Student: _____

Address: _____

Age: _____ Instrument(s): _____

Experience on instrument(s) (yr/mo): _____

Parent/guardian contact name: _____

Relationship to student: _____ Phone: _____

Emergency contact (if different than above - name and phone #): _____

Parent/Guardian signature: _____ Date: _____

Please enclose a check for \$225 made out to Jim O'Mahony and mail to:

Jim O'Mahony's Rock Camp
235 E. Grove St.
Oneida, NY 13421