

## BRASS CAMP ENROLLMENT

Name \_\_\_\_\_

Instrument \_\_\_\_\_

How long have you been playing? \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Teacher/Music Director \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Person to be contacted in an emergency

\_\_\_\_\_

Relationship \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Enrollment (select one)

1 Week Session @ \$220, \_\_\_\_\_

Make your checks payable to Bishop McGuinness High School.

Send your application to:

Karl Kassner  
3605 Squirewood Drive  
Clemmons, NC 27102  
336-830-0636  
karlkassner@gmail.com