

mount vernon
**SCHOOL
OF
MUSIC**

mvschoolofmusic.com



Name _____ Age _____ Sex _____

Address _____ City _____

County _____ State _____ Zip _____

School _____ Current Grade _____

Parent's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____

E-mail _____

1. What instrument will you play at camp? _____

2. T-shirt size (provided) Adult sizes: S _____ M _____ L _____ XL
_____ XXL _____

A non-refundable deposit of \$100.00 is due by May 31, 2018.
Please return this application to:
Maureen Wilson,
Mount Vernon School of Music, 250 So.
6th Ave. Mount Vernon, NY 10550.
**Make all checks payable to Mount
Vernon Arts & Culture, Inc.**

Participants of the Mount Vernon School of Music Summer Camp may be photographed during rehearsals.
These photos are for the college's use on future camp posters, website and social media.
If you object to having your child's photo appear in our advertising, please include a note on your application stating so; otherwise, once you have signed the application, the college has the right to use any photos taken during the camp that may include your child.

Parent's signature: _____ Date _____
(required)

For more info, visit our website at: <https://www.mvschoolofmusic.com>