

# Midcoast School of Music

## Summer Rock Camp Application

Student Name: \_\_\_\_\_ Age \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Other: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Instrument: \_\_\_\_\_

Private Lesson Instructor: \_\_\_\_\_

Number of years of experience: \_\_\_\_\_

Please indicate the date and location you plan to attend:

\_\_\_ Bath (July 12-16)

\_\_\_ Portland ( August 9-13)