College of the Siskiyous Summer Show Choir & Jazz Clinic

June 25 - July 1, 2023

Space is limited. Register early to guarantee your spot!

| Fill out this form compl | etely: | | | | |
|---|-----------------|---------------------------|---------------------------------------|------------|---------------------------|
| Camper Name: | | | | | |
| Mailing Address: | | | | | |
| City: | | Stat | te: | | Zip: |
| Phone: | | | Cell: | | |
| Email: | | | | | |
| T-Shirt Size (Adult): | SM O M | ОГОХГ | O XXL | | |
| Name of School: | | | | | |
| School Phone: | | Grade (5 | 5 th – 12 th): | _ | Birthdate: |
| Print Parent /Guardian Nan | ne: | | | | |
| Emergency Contact: | | | | | |
| Phone: | | | | | |
| | | | companied by fu | | |
| Paperwork to | be returned | to: COS Founda | ation, 800 College | e Avenue, | Weed, CA 96094 |
| | | COS E | nrollment Form | | |
| (Including K-12 Students – Special Admission Request signed by School Official) | | | | | |
| | | • | Registration Form | | |
| Voluntary Activities Participation & Medical Authorization Form | | | | | |
| | • | Payment (Che | ck, Cash, or Cred | lit Card) | |
| Contact | · Pan Slabbin | | out the Camp? tor - Email: rslabb | hinck@sic | kiyous odu |
| Contact | . KUII SIADDIII | ck, camp birect | .or - Elliali. Islabi | DITICK@SIS | kiyous.euu |
| Payment Options: VISA/MA | STERCARD, Pe | ersonal Check o | r Money Order (P | Payable to | College of the Siskiyous) |
| Card Number: | | Ехр | Date: | | |
| Name on Card: | | | CVV #: | | Billing Zip Code: |

Amount to be charged: \$42.00 per student participant