



TAMPA BAY MUSIC ACADEMY

PHONE: (813) 445-3125

EMAIL: info@TampaBayMusicAcademy.com

WEB: www.TampaBayMusicAcademy.com

SUMMER MUSIC CAMP REGISTRATION

Student's Name _____ **Instrument** _____

Date of Birth _____ / _____ / _____ **Male** _____ **Female** _____ **Age** _____

Name of Summer Camp(s) You Wish to Register For _____

Parent / Legal Guardian Name _____
(if younger than 18)

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____ **Work** _____ **Cell** _____

Email _____

Music Background _____

Emergency Contact _____

Phone _____ **Work** _____ **Cell** _____

Physician's Name _____ **Phone** _____

If medical treatment were necessary, your hospital choice _____

How did you hear about Tampa Bay Music Academy? _____

Shortly after your registration form is received, an invoice will be sent to your email for the Summer Music Camp tuition. Tuition and fees are non-refundable. Payments will be made online via your invoice.

Student Signature

Date

Parent/Guardian Signature

Date