



# Rockin' & Rollin' Summer Music Camp

Mail or FAX completed registration form with \$75 non-refundable deposit to:

Oakland Public Conservatory of Music  
1616 Franklin Street  
Oakland, CA 94612  
Ph./Fax (510)836-4MIX (4649)

Date: \_\_\_\_\_

## Student Information

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

School \_\_\_\_\_ Grade entering in Sept. \_\_\_\_\_

My favorite subject(s) is/are: \_\_\_\_\_

Musical Training/Performing Experience (If any) \_\_\_\_\_

## Parent/Guardian Information

Mother's (or Guardian's) Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

email: \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

Father's (or Guardian's) Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

email: \_\_\_\_\_

Place of Work \_\_\_\_\_ Phone \_\_\_\_\_

## Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear about the OPC Rockin and Rollin' Camp?

Check if you can volunteer. \_\_\_\_\_