



Registration Form

Name of student _____

Address _____

Parent email _____

Student Age ____ Instrument(s) _____

Experience on instrument(s)(yr/mo) _____

Parent/Guardian contact name _____

Relationship to student _____ Phone _____

Emergency contact (if different than above - name and phone #) _____

Parent/Guardian signature _____ Date _____

Please enclose a check for \$275 made out to Jim O'Mahony and mail to:

Jim O'Mahony's Rock Camp

5 Beechwood Rd.

New Hartford, NY 13413