



Summer Arts Camp 2017 Enrollment Form

Student Name _____ Age _____ Grade (Fall 2016) _____

Parents(s)/Legal Guardians _____

Address _____

City, State, Zip: _____

Cell Phone: _____ Email address: _____

School _____

Please sign me up for:

- | | | |
|---|---|--|
| <input type="checkbox"/> Session 1 (June 12 – 16) | <input type="checkbox"/> Session 2 (June 19 – 23) | <input type="checkbox"/> Session 3 (June 26 – June 30) |
| <input type="checkbox"/> Session 4 (July 3 – 7) | <input type="checkbox"/> Session 5 (July 10 – 14) | <input type="checkbox"/> Session 6 (no longer available) |
| <input type="checkbox"/> Session 7 (July 24 - 28) | <input type="checkbox"/> Session 8 (July 31 - August 4) | |

Camp Hours: 9:00am -5:00pm 30 minute grace period.

Activities : Musical instruments, Singing, Dance, Drawing.



**\$265 per student per session, \$210 for siblings, \$225 early bird special before April 1st. (\$200 for early bird sibling)
Each session is unique. The more you attend the more you learn.**

Camp Location: Santa Cecilia Arts and Learning Center, 2751 West Broadway, (Eagle Rock) L.A. 90041

Enclosed is a check or money order in the amount of \$_____ (Payable to Santa Cecilia Orchestra) – **or** –

Please charge my credit card in the amount of \$_____

Card Number: _____ Expiration date: _____

Code: _____ Cardholder signature: _____

Please note: No refunds available

Please send payment and enrollment form to: **Santa Cecilia Orchestra, 2759 West Broadway, Los Angeles, CA 90041**
or fax to **323-257-0889**. You may also pay on-line at **scorchestra.org** or **fill out form and email a copy to scorchestra@gmail.com**
Questions? Call **(323) 259 -3011**