

Name: _____ Phone: () _____

I'm ready for **Calvary Music Camp**. I will serve in the following ways:

Early Childhood

- Homeroom Coaches for age ____ (with/without my child)
- Craft Team
- Drama/Worship Team
- Snacks

Elementary

- Homeroom Coaches for age ____ (with/without my child)
- Craft Team
- Snacks
- Drama Team/Worship Team
- Recreation

Because of my schedule, I am unable to help at Music Camp, but would be willing to serve by:

- Prepping Crafts
- Providing \$ for snacks supplies

I would like to help sponsor another child with my donation of \$ _____

I will need childcare for my children under the age of 4 while I am serving. Yes No

Child's name: _____ Date of Birth _____

Child's name: _____ Date of Birth _____

Music Camp is a volunteer-driven camp. Sign up to help today!!

Calvary

5495 Via Rocas

Westlake Village, CA 91362

818.991.8040

July

24-28

2006



Reg Deadline: 7/1/06

calvary

July

24-28

2006

9am—12:30pm daily



Registration Deadline: 7/1/06

For all children ages 4
(by 7/28/06)
through 6th grade

Questions: contact Stacy at
818.575.2236 or
stacy@calvarycc.org

July

24-28

2006

You can help

with



Calvary

music

9am—12:30pm
July 24-28, 2006
With a recital
at noon on Friday



For all children ages 4
(by 7/28/06)
through 6th grade

Questions:

Stacy: 818.575.2236
stacym@calvarycc.org
Music Camp Registration
Calvary Comm. Church
5495 Via Rocas
Westlake Village, CA 91362

drama

guests

games

prizes

music

crafts

snacks

dance

Registration form

Reg. Deadline 7/1/06
\$40 per child

Name _____ boy girl

Address _____ City _____ Zip _____

Age (as of 7/28/06) _____ Birthday _____

grade completed in June '06 _____

Mom's name _____ Dad's name _____

Hm phone () _____ Wk phone () _____

Emergency Contact (other than parents): _____

Phone () _____ Relationship _____

Child's Doctor _____ phone () _____

Special Notes _____

One friend request (must be in same age/grade level) _____

**Join the fun! Turn to the back of this page to volunteer
with Music Camp!**

Medical/Liability Release: In the event of an emergency requiring medical treatment, I hereby give my permission to the licensed physician and/or hospital selected by Calvary Community Church to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child. I hereby release Calvary Community Church, its staff and volunteers, of the liability or injury damage and assume all risks stemming from my child's participation in Music Camp. I agree to insure my child against all injury or damages. In addition, I give permission for my child to engage in all activities understanding that it will include spiritual training. I understand Music Camp retains the right to use photos taken during activities for publicity purposes.

Parent/
legal guardian signature: _____ Date: _____