

Music Workshop 2017 Registration Form

July 18-21, 2017

***Please complete all information that applies to you.

Please submit a registration form and \$10 deposit for each person attending. *Make checks payable to Music Workshop.*
The deadline is **June 23**. Registration forms postmarked *after June 23* will be billed a **\$10 late fee**.

Mail to Beth Stubbs, 1259 Carl Dasher Road, Glennville, GA 30427

Home: 912-654-3680 / Mobile: 912-237-1112 / Email: bethstubbs373@yahoo.com

Cost of the Workshop: *Pastors free*

* Full-time Workshopper / Joyshopper: \$110.00; 2nd family member - \$90; 3rd family member - \$80

** Part-time Workshopper / Joyshopper: \$35.00 per day

*** Meal only: \$7.00 per meal **** Nursery: \$60.00 full time or \$20.00 per day per child for part time

Registration begins *Tuesday, July 18 at 4:30 PM*.....Visit our website for more details: www.pbmusicworkshop.com

Delegate _____

Address _____

Telephone _____ E-mail _____

Church Affiliation _____

Do you play an instrument? _____ What kind of instrument(s)? _____

*** Bring your guitars and other instruments for choose-a-class this year.

Check one and non-adults list your age:

Adult _____ Young Adult (16-20) _____ Teen (13-15) _____ Joy Shop (5-12) _____ Preschool (2-4) _____ Nursery (0-2) _____

Medical Release/Other Info for Non-adults

List any medical problems/allergies about which we should be informed: _____

List any medications required: _____

Emergency Contact #1 _____ Phone _____

Emergency Contact #2 _____ Phone _____

In the event of an emergency, my child has permission to be treated by a doctor or in a hospital if necessary.

Please check one and initialize: Yes _____ (Initials) _____ No _____ (Initials) _____

Required: List the name of the adult who will be responsible for you at Workshop: _____

Individual Commitment of Teens and under: I will conduct myself in a Christian manner at all times. I will attend and participate in all activities of the workshop. I will follow the rules of Camp Hillview and Music Workshop.

Workshopper's Signature: _____

Parent/Guardian Signature: _____

Date: _____

*** The **Allen Simms Memorial Fund** is available for workshopppers under 25 who need financial assistance to attend Workshop.

Contact Kathy McCoy for information: ksmccoy2067@hotmail.com

Contact Info during Workshop: Camp Hillview, 7159 Hillview Road, Claxton, GA 30417 / Phone: 912-693-9953