

Return this form to:
Worship & Music Office
190 Stoneridge Drive
Columbia, SC 29210-8254

**Youth MusicArts Track/SS
White Oak Conference Center**

For office use only

Received: _____

Fax: 803.799.1044

Please select which week:

June 15-19 _____ **July 6-10** _____

Camper's Information

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female

What grade will you be completing in 2009? 6th 7th 8th
 9th 10th 11th 12th

Instrument you play: _____

T-Shirt Size
 Small X-Large
 Medium XX-Large
 Large

Select a 1st, 2nd, and 3rd choice for each class: Class 1 _____ Class 2 _____

Parent/Guardian Information

First Name: _____ Last Name: _____

Email Address: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Church Information

Church Name: _____ Association: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

Contact First Name: _____ Last Name: _____

Chaperone Information (Must be 21 or older)

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: (____) _____

Gender: Male Female

Age: 21-30 31-40 41-50 51-60 61+