

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

**Youth MusicArts Track/SS Wk #1**  
**White Oak Conference Center**  
**June 16-20, 2008**

For office use only

Received: \_\_\_\_\_

Group: \_\_\_\_\_

**Camper's Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender:  Male  Female Have you made a profession of faith?  Yes  No

What grade will you be completing in 2008?  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  
 9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Instrument you play: \_\_\_\_\_

T-Shirt Size	
<input type="checkbox"/> Small	<input type="checkbox"/> X-Large
<input type="checkbox"/> Medium	<input type="checkbox"/> XX-Large
<input type="checkbox"/> Large	

Select a 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> 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+