



4100 N. Prieur Street
New Orleans, LA 70117
504-470-9000
brassfestevents@gmail.com

SAVE OUR BRASS CULTURE Summer Camp Registration

Camper's Full Name: _____

Camper's Age: _____ Camper's Gender: _____

Parent/Legal Guardian Full Name:

Phone Number: _____

Email Address: _____

Any Medical Conditions: Y/N If yes, please explain: _____

Any dietary restrictions: Y/N If yes, please explain: _____

Child's Shirt Size: _____

Instrument the child plays: _____

Does the child have their own instrument: _____

Payment Information:

Amount Due: _____

Payment Method: Cash Check Credit Card

Payment Deadline: _____