

PERMISSION and PAYMENT FORM

Camper's Name: (Print) _____ has my permission to take part in the 20____Silver Lake Band Camp @ Camp Concord. He/She will be responsible for his/her instrument, equipment and personal belongings. The camp has permission to include his/her participation as a part of any audio or visual promotional materials.

In case of medical emergency camp, officials will attempt to contact parent or guardians immediately. If this is unsuccessful, I authorize the camp director and /or his staff to act for me according to their best judgment in an emergency.

[The required 2 page Health Record \(found on Newsletter link\) will be completed and brought to Check-in at camp.](#)

PARENT/GUARDIAN NAME:

(PRINT) _____ DATE: _____

SIGNATURE: _____

PHONE: _____ **WORK OR CELL PHONE:** _____

PAYMENT METHOD CHECK MONEY ORDER PAYPAL

AMOUNT ENCLOSED: \$ _____

Include payment or PayPal receipt with this mailing and Please include a stamped, self-addressed envelope.

CAMPER'S "NICK-NAME" : _____
(Or Preferred Name for Name Badge)

Email: _____

Make Checks or Money Orders Payable To:

**SILVER LAKE BAND CAMP
6333 PACIFIC AVE STE 505
STOCKTON, CALIFORNIA 95207**