



MUSIC CAMP 2008

FORM-D

FEES AND CONSENT FORM

I give permission for my son/daughter (name)
to attend the 2008 Newport School Music Camp at The Collaroy Centre, Homestead Avenue,
Collaroy Beach from 5.00pm Friday 23rd May, till 3.30pm Sunday 25th May 2008, and to take
part in activities arranged for the children in connection with the Centre's programmes. I accept
full responsibility for my child's welfare and behaviour during the camp.

Throughout the Camp appropriate supervision will be provided at all times by the Conductors,
Centre Staff and Parents. Director of Music, John Stone, will be present for the entire weekend.

In the event of accident or illness, I authorize the obtaining of such medical assistance as my
child may require. I also undertake to pay any medical fees and/or cost of drugs, which may be
incurred whilst my child is in the centre.

Fees of \$190.00 per child are attached (cheque made payable to 'Newport School Band' or parents to
hand cash to a committee member)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Relationship to child: _____

Phone contact during Camp: _____

Mobile Numbers: _____

I would like to assist during camp as (please circle): overnight supervisor Friday /

Overnight supervisor Saturday / activities Saturday afternoon

*Note: Place completed FORM-C/D along with fees in an envelope in the Band Box in Office no later
than **Friday 9th May 2008**.*