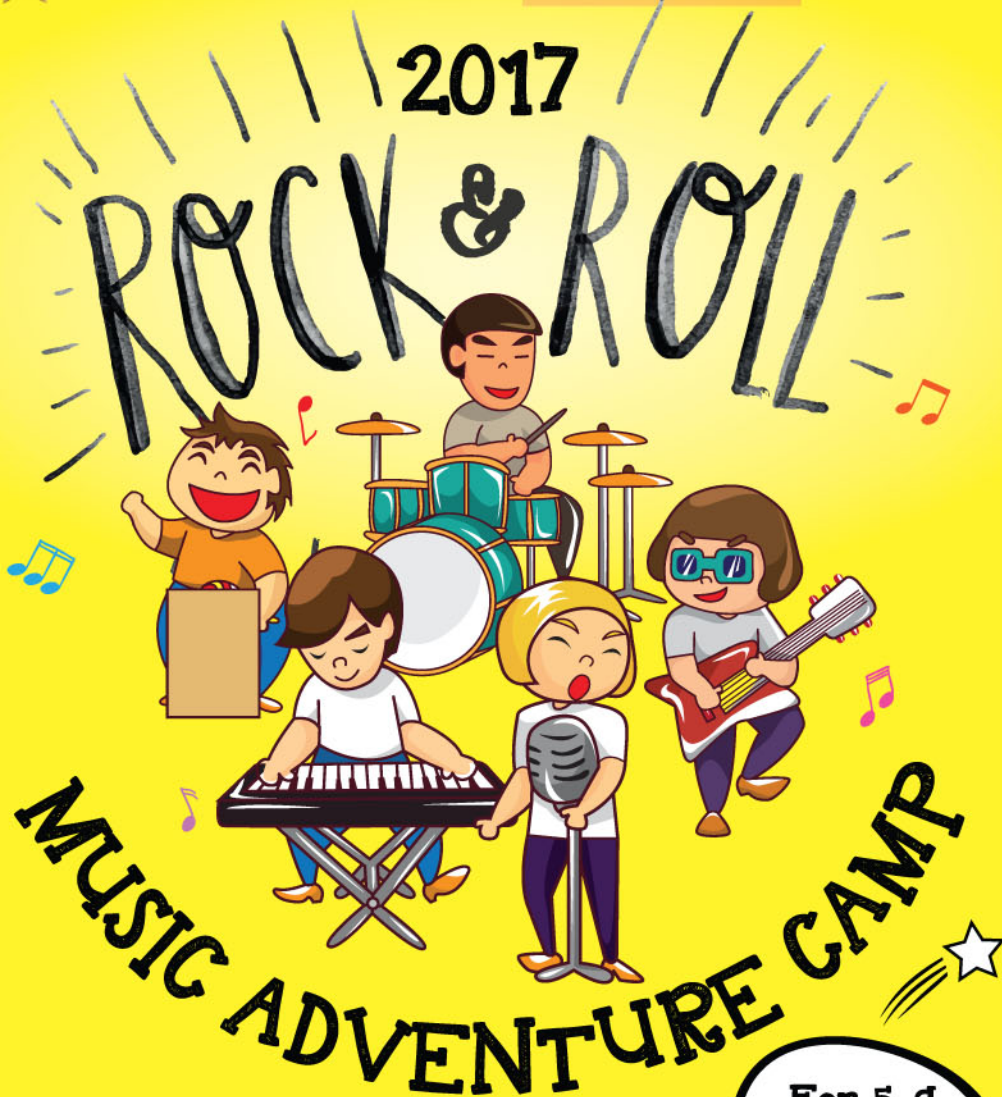




CRISTOFORI
MUSIC • PASSION • LIFE • 音乐 • 激情 • 人生



For 5-9 years old

Date : 20 June 2017, Tuesday
21 June 2017, Wednesday

Time : 4pm - 6pm

Venue : Bishan Community Club,
Liang Court, Our Tampines Hub

Fees : \$50 (CMS Student) • \$70 (Public)

Tea break will be provided. Students will get to learn about different instruments and play like a rock star.

ROCK & ROLL 2017 MUSIC ADVENTURE CAMP

Date: 20 June 2017, Tuesday (Camp 1)
21 June 2017, Wednesday (Camp 2)

Time: 1PM - 6PM • Reporting time 12:30PM
Refreshment will be provided.

Camp Fee: \$50 per kid
(CRISTOFORI students, members and their siblings)
\$70 per kid (Public)

Closing Date: 13 June 2017

Venue: CRISTOFORI Music School

Bishan Community Club
51 Bishan St 13
#03-02 Bishan Community Club
Singapore 579799
Tel: 6262 2321

Liang Court
177 River Valley Road
#02-25 Liang Court
Singapore 179030
Tel: 6338 0009

Our Tampines Hub
51 Tampines Ave 4
#02-88 Festive Mall
Singapore 529684
Tel: 6386 6823

For 5-9 years old



REGISTRATION FORM

Date: 20 Jun (Camp 1) 21 Jun (Camp 2) Venue: Bishan CC
 Liang Court
 Our Tampines Hub

PARTICIPANT'S PARTICULARS

Full Name: _____ Boy/Girl DOB: _____

Please Tick: CRISTOFORI Music School, Centre: _____
 CRISTOFORI Member, NRIC: _____
 Public

Any Medical History: _____ Any Food Allergy: _____

PARENTAL CONSENT

I, _____ (Parent /guardian) allow my child/ward to participate in the 2017 Rock & Roll Music Adventure Camp organized by CRISTOFORI Music School. I hereby understand that CRISTOFORI Music School will take measure in all safety precautions however the school will not be accountable for any loss, damage or injury due to any unforeseen circumstances.

- If any medication is required, please inform our camp PIC upon reporting for the camp.
- Please note that camp fees are not refundable under any circumstances, unless the camp is cancelled.

My relationship with the child/ward: _____ Email: _____

Contact No 1: _____ Contact No 2: _____

Signature of Parent / Guardian _____ Date _____

Please submit to any CRISTOFORI school counter once completed.

FOR OFFICIAL USE ONLY

Mode of Payment: Cash Nets Name of Centre Registered: _____
Amount Collected: _____ Date of Payment: _____ Name of Staff: _____

