

U of A Summer Music Camp

Student Check-Out Form

Please submit completed form to camp coordinator or head counselor on first day of camp.

Student Name _____

Student School _____

Parent/Guardian Name _____

Signature _____

Reason for checking out of camp: _____

TO BE COMPLETED BY U OF A STAFF

O Name _____

Signature _____

U
7 Check-Out Time _____

I Name _____

Signature _____

N Return Time _____