

PERC UP!

PERCUSSION CAMP

GRADES K - 5

June 16 - 17, 2014 - 9:00 a.m. to 1:00 p.m.

(Doors Open at 8:45 a.m.)

Ronald Reagan High School Band Hall

19000 Ronald Reagan Drive

San Antonio, TX 78258

Two Days - Just \$70

(\$10 Discount For Each Additional Camper)

Snacks, Custom T-Shirt, & Spirit Stick Included For Every Camper!

Ray Ulibarri, Percussion Director at Ronald Reagan High School, will inspire, educate, and introduce students to the wide world of percussion. Students will learn World Percussion, Orchestral Percussion, and Drumline Techniques. Parents are encouraged to attend a performance at 12:30 p.m. on June 17th featuring all the campers!

POWERED BY: Ronald Reagan H. S. Band Parents Association & Spirit Monkey

For more information contact Laurie Jenkins: lauriejenkins@yahoo.com



PERC UP! REGISTRATION FORM

Please submit completed registration form and payment no later than **June 9, 2014**. Walk-ins accommodated on a space-available basis only.
Detach and mail to: Reagan Band Parents Association, ATTN: Perc Up Percussion Camp; P. O. Box 591275; San Antonio, TX 78259

Camper Name: _____
Please Print Clearly

School: _____

Address: _____
Street

Grade: _____ Allergies: _____

City, State & Zip Code

Circle Shirt Size: YS YM YL XS S

Parent Name(s): _____

Please make checks payable to: RRHS BPA

Phone: _____ / _____
Phone Cell Phone

Check # _____ \$ _____

Email: _____

Cash (Exact Change Please) \$ _____

Emergency contact #1: _____

Phone Cell Phone

Emergency contact #2: _____

Phone Cell Phone

I understand that campers will be supervised while participating and that normal precautions will be taken in their interest, for safety. I agree to release NEISD, its employees and sponsors from all legal liability during and resulting from this camp. In case of accident or sudden illness/injury to the above-named child, I give my approval and authorization for first-aid and any medical treatment by local physicians and/or hospitals. I agree to accept responsibility for payment of all charges incurred during any and all medical treatment.

Parent Consent: _____
Name Printed

Signature

Date