

# 2010 LOL HX CAMP REGISTRATION FORM

**Student/Teacher please fill out and return as soon as possible to sponsoring Chapter along with MEDICAL RELEASE FORM.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

(When completing the form Please Print legibly)

Voice Part \_\_\_\_\_ ALUMNI – YES \_\_\_\_\_ NO \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (School) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

High School \_\_\_\_\_

Parents/Guardian's Names (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

**Will Student be leaving camp Saturday night with Parents or chaperone?** YES NO

**Who will you be going home with?** \_\_\_\_\_  
Name Phone Number

Are you a Teacher? \_\_\_\_\_ Are you a Student? \_\_\_\_\_ Are you a **RETURNING CAMPER** \_\_\_\_\_

**RETURNING CAMPERS (ALUMNI) WILL RECEIVE AN EXTRA PIECE OF MUSIC TO PERFORM ON THE SHOW.**

T-Shirt Size (circle one) S M L XL XXL Other: \_\_\_\_\_

(Teachers) Have you taught Barbershop Harmony before? (circle one) Yes No

(Students) Have you sung Barbershop Harmony before? (circle one) Yes NO

Camp Dates: **Jun 17, 18, 19, 20, 2010**

Camp Location: **UW La Crosse, La Crosse, WI**

Registration: **Thursday June 17, 2010, 2 - 4 PM**

Music & Camp Information will be mailed when registration is received.

Sponsoring Chapter \_\_\_\_\_

Return to the Sponsoring Chapter.

**Chapter: Check for legibility before Mailing**

**Send: Registration and Medical Release Form  
with Check made out to: Land O' Lakes District**

**LOL Co-Director LOL HX Camp Richard Staedt, 1118 E. Byrd St. Appleton, WI 54911**