



CLT Summer Youth Music Program 2011 Application

Please return this completed application to info@lact.com or mail to CLT
P.O. Box 262 Auburn, ME 04210.

All applications and full payment are due by June 1.

Child's Name:

Birth Date: _____

Last Grade Year Completed:

Address: _____

—

Parent/Guardian:

Name: _____

—

Address, if different: _____

Work Phone: _____

Cell/Home Phone:

E-

mail: _____

Please See Back

_____ I am a parent that would like to volunteer.

My check is enclosed: \$175

Bill my Credit Card: Visa MasterCard

Card # _____

Exp. Date _____

Signature _____

Date _____

T-Shirt Size (circle)

Child: S M L

Adult: S M L