

OLDTOWN SCHOOL Of FOLK MUSIC

Summer Camp 2009 Lottery Application Form

_____ circle: Female/Male
Child's Name (Last, First)

Child's T-shirt Size: __Child 6-8 __Child 10-12 __Child 14-16 __Adult M __Adult L

Please mark the session(s) your child would like to attend:

_____ **Music Camp full day** (June 22-July 17)

_____ **Theater Camp full day** (July 20-August 14)

**Please drop off or mail in this application form,
along with a copy of your child's birth certificate, to:**

**Old Town School of Folk Music
SUMMER CAMP
Attn: Alicia Manson
4544 N. Lincoln Ave.
Chicago, IL 60625**

Thank you!

