Summer Music Camps

LICENSING AGREEMENT

Contact Information

Teacher Name: _____

Mailing Address (Street, City, Province/State, Postal Code/Zip:

_____

_____

Teacher Email Address: _____

Camp Name: _____

Camp Address: _____

Camp Website: _____

Camp Projected Dates: _____

- **Full-Day** Camp Licensing Fee: $50.00
- **Half-Day** Camp Licensing Fee: $35.00

_____ _____

Signature – Teacher Date

_____ _____

Signature – Fun with Composers Date

Complete and Return by Fax to (604) 541-2918
Fun with Composers 1541- 134 A Street, Surrey, B.C. V4A 5P7

Payment Options: Cheque, Credit Card
Credit Card Number:_____ Expiry Date:_____
Authorized Name on Card:_____
A signed copy of this agreement will be sent to you for your records.