

**California Summer School of Piping  
2012 Registration Form**

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

I want full room & board (includes linens)      \$800.00 \_\_\_\_\_

I want day use with meals      \$640.00 \_\_\_\_\_

I want to make a deposit      \* \$100.00 \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

**\*Balance to be paid by May 15, 2012**

**Make check payable to: College of Piping**

**Mail check and registration form to:**

**John A. Keys, Registrar  
3631 Via Bernardo  
Oceanside, CA 92056  
(760) 724-6844  
E-mail: [the3keys@cox.net](mailto:the3keys@cox.net)**

**Comments:**