

Intergenerational Marimba Workshop “2010”

Saturday, July 31, 9:00am – Noon

COME EXPLORE the fun and excitement of playing marimbas!

Students entering grades 4 through adult are invited to join us as we explore the “Shona” technique of African marimba playing with teacher Karl Gustafson. On Sunday, August 1, we will present one or two musical numbers at both the 9:00am and 10:30am services.

Sound like fun? It will be! *So complete this form (don’t forget the back) and return it to the Summer Music registration box (or Dan Hibbett’s mailbox) in the church office by July 15. Space is limited to the first 16 registrants so don’t delay.* There are no fees or tuition. This is a free workshop!

Name: _____

Address: _____

Phone: _____ **Grade in Fall 2010** _____

Home Church: _____

Reverse must be filled out and signed if under the age of 18

(This event is free to all participants thanks to a gift from the Merrill Family Foundation.)

If you have questions, contact
Dan Hibbett, 503-246-2325, x19.
dan@stlukechurch.com

Additional forms are available in the church office.

St. Luke Lutheran Church
Permission Slip and Medical Consent Form

I give my son/daughter, _____, permission to participate in the following St. Luke Lutheran Church event:

Event: Marimba Workshop
Dates: Saturday, July 31, 2010

Location: St. Luke Lutheran Church
Time: 9:00am - Noon

I, the undersigned, hereby authorize a representative of St. Luke Lutheran Church to consent to and authorize emergency medical, surgical, or dental treatment to my son/daughter _____, as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent of Guardian: _____
(print name) (signature)

Date: _____

Personal and Emergency Contact Information

Address: _____
(street) (city) (state) (zip code)

Phone Numbers: _____
(home) (work) (cell/pager)

Emergency Contact: _____
(name) (relationship) (phone)

Medical and Insurance Information

Family Physician: _____
(name) (phone)

Health Insurance: _____
(company) (policy number) (group number)

(Policy holder's name) (customer service number)

Allergies: _____

Physical Limitations: _____

Medical Conditions: _____

Current Medications: _____

Additional issues you wish us to be aware of: _____

St. Luke Lutheran Church
6835 SW 46th Ave.
Portland, OR 97219
503-246-2325
www.stlukechurch.com