



Great Lakes Taiko Center
五大湖太鼓センター

Field Trip Registration Form

This form must be completed for all students attending the field trip.

Group Info

Name of Preschool or Group: **Novi Woods Montessori School**

Preschool or Group Phone Number: **NA** Date Attending: **27.April 2018 (Fri)**

Name of Group Representative Escorting: **NA**

Student Info

Name: _____ Age: _____

Address: _____ City _____ Zip _____

Parents' or Guardian's Name: _____

Home Phone: _____ Daytime Phone: _____

Are there any allergies or medical conditions we should be aware of?

No Yes

Liability Release:

Parents, legal guardians of minors and adults waive the right to any legal action for any injury sustained on school property resulting from normal taiko drumming activity or any other activity conducted by the students before, during or after class time.

Signature: _____ Date: _____



Great Lakes Taiko Center · <http://www.michigantaiko.net> · 五大湖太鼓センター
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