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Student Name			
First	Last		
Birth date/	/ Age at sta	rt of camp	
Parent/Guardian -	Contact Informatio	n	
First		Last	
Street Address			
Town/City	State	Zip Code	Phone
Alternate phone	I	E-mail	
Emergency Contact			
First		Last	
Phone	E-mail		
Health Information Is there anything else	we need to know abou		ecial needs? Allergies? Anything
Health Information Is there anything else you would like the inst	we need to know abou ructor to know?	ut your child? Sp	ecial needs? Allergies? Anything
Health Information Is there anything else you would like the inst PLEASE MARK CAMP	we need to know abou ructor to know? (S) YOUR CHILD IS	ut your child? Sp ATTENDING BE	ecial needs? Allergies? Anything
Health Information Is there anything else you would like the inst PLEASE MARK CAMP NARRATIVE FIL MUSICAL THEAT Includes student	we need to know abou ructor to know? (S) YOUR CHILD IS M CAMP: Monday, July 3 FER CAMP: Monday, July 3	ut your child? Sp ATTENDING BE 8–Friday-July 12 1 y 15–Friday-July 19	ecial needs? Allergies? Anything
Health Information Is there anything else you would like the inst PLEASE MARK CAMPNARRATIVE FILMUSICAL THEATIncludes studentNewsies" live onESR Rock Camp:	we need to know abou ructor to know? (S) YOUR CHILD IS M CAMP: Monday, July 3 TER CAMP: Monday, July performance on Thursda	ut your child? Sp ATTENDING BE 8–Friday-July 12 1 y 15–Friday-July 19 ay, July 18 at 3pm /, July 26 9am-2p	ecial needs? Allergies? Anything LO W: L0am-4pm; (\$250) 0 10am-4pm; (\$300) AND a trip to The REV to see m; (\$200)
Health Information Is there anything else you would like the inst PLEASE MARK CAMPNARRATIVE FILMUSICAL THEAT Includes student "Newsies" live onESR Rock Camp: Includes studentDJ Camp with DJ	we need to know abouructor to know? (S) YOUR CHILD IS M CAMP: Monday, July a FR CAMP: Monday, July a Friday, July 19 at 2pm! Monday, July 22–Friday performance on Friday, Bella J: Monday, July	ut your child? Sp ATTENDING BE 8–Friday-July 12 1 y 15–Friday-July 12 1 ay, July 18 at 3pm /, July 26 9am-2p July 26 at 6pm at / 29–Friday- August	ecial needs? Allergies? Anything

METHOD OF PAYMENT:

____Cash

- ____Check (made payable to Auburn Public Theater)
- ____PayPal@auburnpublictheater
- ____Credit Card: CC#_____

EXPIRATION DATE: _____ SECURITY CODE: _____

Photo Release: I give Auburn Public Theater permission to use any photos taken of my child for promotional materials.

Parent's/Guardian's Signature _____ Date _____