



Summer Camps 2025 Registration Form

Student Name

First _____ Last _____

Birth date ____/____/____ Age at start of camp ____

Parent/Guardian - Contact Information

First _____ Last _____

Street Address _____

Town/City _____ State ____ Zip Code _____ Phone _____

Alternate phone _____ E-mail _____

Emergency Contact

First _____ Last _____

Phone _____ E-mail _____

How did you learn about Auburn Public Theater's Education Programs?

Health Information

Is there anything else we need to know about your child? Special needs? Allergies? Anything you would like the instructor to know?

- **Scholarships & Before/After care are available. Please contact dominic@auburnpublictheater.org for information.**

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 _____