



# February Culinary Arts Camp 2026 Registration Form

## Student Name

First \_\_\_\_\_ Last \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at start of semester \_\_\_\_\_

## 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 & Tuition Assistance is available. Please contact [dominic@auburnpublictheater.org](mailto:dominic@auburnpublictheater.org) for information.**
- **Culinary Arts Camp 1 week session total cost \$200.**

## 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 \_\_\_\_\_