

Theatre Camp Registration Form

Name _____ Date of birth _____ Age _____ M/F _____

Address _____ Postal Code _____ Phone # _____

School attended _____ Grade _____

Session selection: (please check week(s) chosen and enclose payment with the form)
Each week is \$95.00 and each additional child in the family is \$85.00.

July 7 – 11 _____ July 14 – 18 _____ July 21 - 25 _____ July 28 – August 1 _____

August 4 - 8 _____ August 11 - 14 _____

If you would like to come from 8:00 a.m. to 9:00 a.m. for an extra \$10.00 a week, please check here _____

Total amount submitted: _____

Parental Contact Information

Information	Mother	Father
Name		
Place of Work		
Telephone		

Emergency contact if parent is unavailable _____

Phone number _____ Relationship _____

Previous camp experience _____

Medical information (allergies, medication, skin irritations from make-up, etc)

Camper's interests and hobbies _____

Release: I hereby release Theatre Tillsonburg from all claims for damages arising from an incident or injury which is caused by or arising from any participation of the participant named herein during any program or in any facility at any location where a program is held.

Parent/Guardian signature _____ Date _____

Return to: Theatre Tillsonburg Summer Camp,
Box 64,
Tillsonburg, Ont.
N4G 4H3