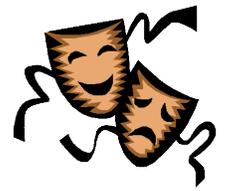




SUMMER YOUTH THEATER CAMPS

Junior Theatre Camp — Grades K- 6 — June 13-18, 2016
Advanced Theatre Camp — Grades 7-12 — July 11-16, 2016



REGISTRATION FORM

Student's Name: _____ Sex: M / F _____ Age: _____

Grade Completed: _____ School: _____

Parent or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: _____

Any known allergies or other pertinent medical information: _____

Would you like to volunteer to assist: Y / N. If YES, when are you available _____

PLEASE CHOOSE:

_____ Junior Theatre Camp Grades K-6 (June 13-18) OR _____ Advanced Theatre Camp Grades 7-12 (July 11-16)

Tuition Cost/Dates/Times

Cost is \$75 per student for the week. Tuition must be paid in full with registration by check, money order or credit card. A limited number of students will be accepted and will be served on a first-come, first-served basis. The time of the camp is from 10:00 a.m. – 2:30 p.m. Monday through Friday. Performances will be on Saturday at 1:00 p.m. and 3:00 p.m. Due to our theater size and not exceeding a total of 100 people, parents and friends will be able to attend only **one** performance. Students must bring a lunch and drink each day. Parent orientation Monday at 9:00 a.m. Monday through Friday drop off time 9:45 a.m., pick up time 2:30 p.m. Drop off time on Saturday is 12:30 p.m.

Camp Size

Camp size is limited to 30 students. **Registration is not guaranteed until you receive a confirmation call or email reply.**

Registration

Mail your registration form **with payment** (make checks payable to the City of Prattville) to: City of Prattville Special Events Office, 101 West Main Street, Prattville, AL 36067

I hereby give permission for _____ to participate in the WOBT Youth Theatre Camp. I declare that I am the parent or legal guardian of the above-named child, and I have custody and control of the child. While I realize that all precautions will be taken to guard my child from injury, I will not hold the City of Prattville, the Way Off Broadway Theatre, it's organizers, sponsors, supervisors, and participants responsible for accidents that occur. My signature indicates that I have read, understand, and agree to the terms of the above RELEASE FROM LIABILITY.

Parent/Guardian Name—Please Print

Parent/Guardian Signature

Date

