



## SUMMER THEATER CAMP 2009 REGISTRATION

### Child's Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 School Attending \_\_\_\_\_

### Parent Information

Mother's Name \_\_\_\_\_ Father's name \_\_\_\_\_  
 Mother's Cell # \_\_\_\_\_ Father's Cell # \_\_\_\_\_  
 Home Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

*Physical Status (things we should know about your child's health: allergies, limitations, etc.)*

#### 2009 Sessions

Session 1 - \$695  
 June 8 - July 3 (4 weeks) \_\_\_\_\_  
Session 2 - \$695  
 July 6 - July 31 (4 weeks) \_\_\_\_\_  
Session 3 - \$520  
 August 3 - August 21 (3 weeks) \_\_\_\_\_

#### 2009 Classes (choose 2/session)

Acting/Filmmaking \_\_\_\_\_  
 Musical Theater \_\_\_\_\_  
 Garage Band \_\_\_\_\_  
 Stage Combat/Fencing \_\_\_\_\_

*I choose to pay weekly (weekly rate is \$185/week) \_\_\_\_\_*

Hours.....Mondays-Fridays.....9am - 5pm  
 Extended Hours.....8am - 6pm (additional \$15 /week)

Discounts.....15% sibling discount      Lunch.....\$4 per day (or children can bring their own lunch)  
 ~All payments are to be made at the beginning of each session~

~15999 Pines Boulevard- Pembroke Pines, FL 33027- Phone (954) 447-7771- Fax (954) 447-2662~