



IMAGINATION WORKSHOP Summer Camp Registration

FULL NAME: _____

PARENT E-MAIL: _____ PRIMARY PHONE #: _____

ADDRESS: _____

ANY ADDITIONAL CONTACTS? _____

VOICE TYPE: _____ AGE: _____ T-SHIRT SIZE: _____

ALLERGIES/MEDICAL? _____

SCHOOL YOU ATTEND: _____

EMERGENCY CONTACT INFORMATION

(Please include names, phone numbers, and e-mails)

I AM REGISTERING THE CHILD NAMED ABOVE FOR THE FOLLOWING CAMP:

IMAGINATION WORKSHOP

Monday, June 27 – Friday, July 1
Every day from 9:00am – 4:00pm (Lunch NOT provided)

Ages 5 – 14

\$125

If you would like to apply for a scholarship, please write a brief paragraph explanation and turn in to Mitchell or e-mail to mitchell@greatplains theatre.com. A minimum contribution of \$25 is expected.

Check (Payable to "Great Plains Theatre") Check #: _____ Amount: _____

Received by (Office Use): _____

Credit Card Payment – Please call the GPT office Mon-Fri between 9:00am and 5:00pm

Date Payment Received: _____ Initials: _____