



CURTAIN CALL:

THE ULTIMATE SUMMER THEATRE CAMP

Summer Camp Registration

FULL NAME:			
PARENT E-MAIL: PRIMARY PHONE #:			PHONE #:
ADDRESS:			
ANY ADDITIONAL CONT	TACTS?		
VOICE TYPE:	AGE:		T-SHIRT SIZE:
ALLERGIES/MEDICAL?			
SCHOOL YOU ATTEND:			
(Please	IERGENCY CONT include names, ph	none numbers,	_
_	HE CHILD NAME	D ABOVE FOF	R THE FOLLOWING CAMP:
	<u>CURTAIN CAL</u>	<u>L WURKSHU</u>	<u>)P</u>
Every day	Monday, June 24 from 9:00am – 4:		
	Ages	5 – 18	
	\$1	25	
If you would like t explanation and turn in to contribution of \$25 is expe	Becky at becky@		write a brief paragraph atre.com A minimum
Check (Payable to "Great	Plains Theatre")		Amount: by (Office Use):
	ease call the GPT	office Mon-Fri	between 9:00am and 5:00pm Initials: