

Summer Camp Registration

Actor's Name _____ Age _____

Parents (Guardian) _____

Address _____

City _____ State _____ Zip Code _____

Phone (Day) _____ (Evening) _____

Email _____ Sex (circle) Male Female

Please mark all camps for which you wish to register.

- MY SCHOOL MUSICAL Workshop (Ages 8-16)
June 1-5 · 8:30 am-3:00 pm M-F
- A VERY WICKED MUSICAL Workshop (Ages 10-18)
July 13-17 · 8:30 am-3:00 pm M-F
- ACTOR'S SUMMERSTOCK Workshop (Ages 8-18)
July 13-17 · 8:30 am-3:00 pm M-F
- ACTOR'S MAKE A MOVIE Workshop (Ages 8-18)
July 20-24 · 8:30 am-3:00 pm M-F
- BROADWAY BOUND PLAYMAKERS Workshop (Ages 5-8)
July 13-24 · 2 wks 8:30 am-11:30 am M-F

Tuition for each workshop is \$207

No refunds are available for summer workshops.

CASH CREDIT CHECK TOTAL _____
PAID TODAY _____

Signature _____ Date _____