



# 3 Triple Threat Theatre Summer Camp

## 2015 Camp Application

(Fill Out *One* Form For Each Camper. No Area Should Be Left Blank)

CAMPER'S NAME		GRADE Fall 2015	AGE
Mailing Address	City	State	Zip

EMAIL (THIS IS HOW WE WILL DO MOST OF OUR COMMUNICATION)

CELL PHONE	HOME PHONE	WORK PHONE
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PARENT/GUARDIAN NAME	EMERGENCY CONTACT NAME / PHONE
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CAMPER'S DOCTOR'S NAME	DOCTOR'S PHONE
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CAMPER'S DESIGNATED HOSPITAL

LIST ANY OF THIS CAMPER'S ALLERGIES OR MEDICAL CONDITIONS

Should this camper require medical attention during a class or rehearsal, we will attempt to contact you immediately using the numbers provided. However, in the event of a medical emergency and we are unable to reach you, your signature below authorizes Victoria Community Theatre, Inc. to obtain medical care for this student.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CIRCLE THE CAMP YOU WILL BE ATTENDING

**STARS OF TOMORROW**  
**JUNE 8-12, 2015, 9:00am-12:30pm**  
**AGES 4-8**  
**\$125\***  
 tuition includes snacks and camp t-shirt

**HEADLINERS**  
**JUNE 15-28, 2015, 8:30am-5:00pm**  
**AGES 9-18**  
**\$285\***  
 tuition includes snacks, camp t-shirt, production script and rehearsal cd

\*Tuition includes a \$35 non-refundable registration fee . There are NO refunds after May 29, 2015.

Has the camper previously participated with Theatre Victoria's School of Performing Arts?    **Yes**    or    **No**

What goals do you (or your child) hope to accomplish by attending camp?

*Your signature below authorizes Theatre Victoria permission to use, print, or publish this students photograph for promotional and educational purposes.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY

REGISTRATION DATE	REGISTRATION NUMBER	STARS OF TOMORROW	HEADLINERS	REMIND JOIN
		<b>CREW    CHORUS</b>	<b>SWING    UNDERSTUDY    PRINCIPLE</b>	