

THEATRE CAMP REGISTRATION FORM

PLEASE COMPLETE AND RETURN TO

tara@renemcaissetheatre.ca

or bring to the theatre directly

Child's First & Last Name:

Age:

Mailing Address:

Postal Code:

Email (required):

Mother & Father's Names:

Home Tel. No:

Mother's Work Tel. No:

Father's Work Tel. No:

Cell #:

My child lives at home with his/her: (Indicate: Parents, Mother, Father or Other)

Does your child have any physical, mental or medical (includes allergies) condition of which we should be aware?

If yes, please identify:

Is your child currently on medication?

If yes, please print name:

Print reason:

CHOICE OF PROGRAM(S) (please list all):

A deposit of \$50 per week booked is due upon registration.

PLEASE CIRCLE METHOD OF PAYMENT (VISA, M/C, DEBIT, CASH or CHEQUE)

If paying with a credit card please provide:

CARD NUMBER:

EXP DATE:

Total Paid:

Signature: _____ Date: _____