

2018 MUSICAL THEATRE CAMP REGISTRATION FORM

Please indicate which camp you are registering for:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Camp #1
8-12 years olds
Jul 16 – Jul 20
\$450 | <input type="checkbox"/> Camp #2
13-18 years olds
Jul 23 – Jul 27
\$495 | <input type="checkbox"/> Camp #3
8 - 12 years olds
July 30 – Aug 3
\$450 | <input type="checkbox"/> Camp #4
13 - 18 years olds
Aug 13 – Aug 17
\$495 |
|--|---|--|---|

First Name	Last Name	Age (year/month/day)
		{ } / / /
Street Address	City, Province	Postal Code
Parent/Guardian	Home Phone#	Mobile Phone#
Parent Email	Emergency Contact Name*	Emergency Contact Phone #

* Emergency Contact should be someone other than Parent, who could be reached in case Parent is unavailable.

NO AUDITION REQUIRED

Can you read music? Yes No

Performance Experience and/or training: (please attach additional information if needed):

Additional Information (allergies, requests, etc.):

Summer Camp T-Shirt! Please tick one of the boxes!

- | | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|--|
| Child Small <input type="checkbox"/> | Child Medium <input type="checkbox"/> | Child Large <input type="checkbox"/> | Child Extra Large <input type="checkbox"/> |
| Adult Small <input type="checkbox"/> | Adult Medium <input type="checkbox"/> | Adult Large <input type="checkbox"/> | |

Payment must accompany registration form. Please indicate payment method and provide required information for credit card payment .

- Cheque Enclosed** (Payable to *Theatre Under the Stars*)
 Visa **MasterCard**

Card Number: _____ Expiry Date: _____

Name on Card: _____

Authorized Signature: _____

The participant understands that there are risks inherent in activities of this nature, and that Theatre Under the Stars does not accept responsibility for the loss of property or injuries sustained while participating in TUTS Musical Theatre Camps. Theatre Under the Stars is committed to protecting the privacy of personal information in our possession in accordance to the Personal Information Protection Act (PIPA). Our Privacy Statement can be found on our website-www.tuts.ca.

I hereby agree that Theatre Under the Stars may use my child/s photographs and likeness, including videos for the lawful and respectful purposes relating to Theatre Under the Stars, including publicity, promotional materials, archives and educational purposes.

Authorized Signature: _____

Please fax Form to: 604-734-1585, Email to info@tuts.ca or Mail to: 2099 Beach Ave, Stanley Park, Van., BC, V6G 1Z4