

SUMMER CAMP SCHOLARSHIP APPLICATION AND REGISTRATION 2016

Scholarships are 50% of camp tuition. A \$20 deposit and letter of recommendation is necessary to process your application. This deposit will be applied to your tuition. You may pay the reduced tuition in full with the application. The tuition balance must be paid in full no later than **one week before camp** begins or your child's place and the \$20 deposit will be forfeited. The scholarship application and letter of recommendation must be received no later than **two weeks before** the start of camp. Registrations are processed on a first-come, first-served basis and camps fill quickly. Please visit our website for full camp details at www.grct.org/educate/classes.

Student Name: _____ Home Phone: _____
 Address: _____ City: _____ Zip: _____
 Date of Birth: _____ Male or female: _____ Grade finished in 2016: _____
 Name to appear on nametag: _____ School attended: _____
 Medic Alert: _____
 Parent/Guardian Name: _____ Home Phone: _____
 Parent Email: _____ Cell Phone: _____
 Emergency Contact: This will be the **FIRST** person called in the event of an emergency.
 Name: _____ Phone: _____

T-Shirt Size (circle):

- | | | | | |
|----------|-----------|----------|----------|-----------|
| Youth Sm | Youth Med | Youth Lg | | |
| Adult Sm | Adult Med | Adult Lg | Adult XL | Adult XXL |

You may request to be placed in a group with **ONE** other camper. Because campers will be placed in groups by age, the requested camper must be in the same grade or within 6 months of age. Campers **MUST** request each other to be placed together. If more than one camper is listed, request will be denied.
 Name of camper you would like to be in a group with: _____

Does your child need to be signed out after camp? Yes No

List all persons **including parents** who are authorized to pick your child up and a phone number at which they may be reached: _____

If you would like to be able to access your account online, please contact the education office.

Please enroll my child in the following camp:

Kidsplay Kamp, \$65 after scholarship	Jr. TADC, \$92.50 after scholarship	TADC, \$110 after scholarship
___ Session A: June 13-17	___ Session A: June 13-17	___ Session A: July 5-9(Tu-Sa)
___ Session B: June 20-24	___ Session B: June 20-24	___ Session B: July 11-15(M-F)
___ Session C: June 27-Jul 1	___ Session C: June 27-Jul 1	___ Session C: July 18-22(M-F)
		___ Session D: August 1-5(M-F)
Sr. TADC, \$130 after scholarship	Phase II, \$130 after scholarship	
___ August 14-20	___ August 7-13	

Please submit completed application to: Grand Rapids Civic Theatre, School of Theatre Arts, 30 N. Division Ave., Grand Rapids, MI 49503 or scan and email to GRCTSchool@grct.org. If you have questions, please call 222-6653.

Students: Please tell us why you would like to take this camp (parents, please help your students fill this section out in their own words):

Parents: Please tell us why you would like you student to take this camp: _____

Please describe your need for financial assistance (unemployment, low income, financial hardship, etc.). All information will be kept strictly confidential. _____

Payment:

Check payable to Grand Rapids Civic Theatre enclosed

Please charge the following to my credit card: \$20 deposit Full amount of tuition

Card (please circle): Visa Mastercard AmEx Discover

Card number: _____

Expiration Date: _____

Print Name on Card: _____

Signature: _____

Refunds and Cancellations:

Before the first day of camp, a full refund, less \$10 cancellation fee. No refund after camp starts.

I understand that GRCT provides partial scholarships and I agree to pay the balance of the camp tuition by the deadline above. I understand that if I do not meet this deadline, my child's place in camp will be forfeited. I also understand that my student is to attend camp all days for the full time period. I hereby certify that I am a parent or legal guardian of the child listed above and that all of the information provided is correct and complete. I recognize that GRCT will rely on that information. I will be responsible for the cost of any emergency medical care provided to my child should GRCT instructors or staff, in their judgment, calls 911 on behalf of my child in the event of an emergency. I understand that by allowing my child to participate in camp, I consent to allow my child to be photographed. These photographs may be used by GRCT in future promotional efforts without specific written permission from me.

Dated: _____ Signature: _____

Print Name: _____