

SUMMER CAMP REGISTRATION 2019

Student Name: _____ Home Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Male or female: _____ Grade completed in 2019: _____
 Name to be listed on Nametag: _____ School Attended: _____
 Medic Alert: _____
 Parent/Guardian Name: _____ Home Phone: _____
 Parent Email: _____ Cell Phone: _____
 Emergency Contact: This will be the FIRST person we call 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 |

Friend requests are limited to **ONE** other camper. Because campers are placed in groups by age, the requested camper must be in the same grade or within 1 year of age. Both 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 (2nd - 5th grade students only)? ___ 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: _____

Please enroll my child in the following camp:

Early Explorers (Ages 4- K): ___ Session A: June 10-June 14 ___ Session B: Aug 12-Aug 16 All Sessions from 9am-11:30am Tuition \$115	Creative Quest (Grades 1-2): ___ Session A: June 10-June 14 Session Time 1pm-5pm ___ Session B: Jul 22-July 26 Session time 9am-1pm Tuition \$200	Dramatic Discovery (Grades 3-6): ___ Session A: July 8-July 12 ___ Session B: July 15-July 19 ___ Session C: July 29-Aug 2 ___ Session D: Aug 5-Aug 9 All Sessions from 9am-3pm Tuition \$225
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HS Musical Theatre Performance
High School Musical, Jr.
 (Grades 7-12)

_____ June 23-June 29
 Sun 5-8pm
 M-F 9am-4:30pm
 Sat 9am-6pm

Tuition \$275

HS One-Act performance
How to Survive the Zombie Apocalypse
 (Grades 7-12)

_____ June 23-June 29
 Sun 5-8pm
 M-F 9am-3pm
 Sat 9am-6pm

Tuition \$275

High School Production Track
 _____ June 23-June 29
 Sun 5-8pm
 M-F 9am-3pm
 Sat 9am-6pm

Tuition \$125

Payment

I am a Season Ticket Subscriber. Please apply my \$10 discount.

Member Number: _____

Cash (Please do not send cash in the mail.)

Check payable to Grand Rapids Civic Theatre enclosed

Please charge the following to my credit/debit card:

Card (please circle): Visa Mastercard AmEx Discover

Card number: _____

Expiration Date: _____

Security Code: _____

Print Name on Card: _____

Signature: _____

REGISTRATION FOR EACH CAMP CLOSSES ONE WEEK BEFORE EACH CAMP BEGINS.

Refunds and Cancellations:

A refund minus \$10 cancellation fee before the first day of camp. No refund the day camp starts.

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, call 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 videoed and photographed. These videos and photographs may be used by GRCT in future promotional efforts without specific written permission from me.

Dated: _____ Signature: _____

Print Name: _____

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.

Questions? Please call 616-222-6653.