



T3 Triple Threat Theatre Summer Camp

2012 Camp Application

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

CAMPER'S NAME		GRADE Fall 2012	AGE
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Mailing Address	City	State	Zip
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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 11 - 15, 2012

AGES 4-8

\$125*

tuition includes snacks and camp t-shirt

HEADLINERS

JUNE 4 - 9, 2012

AGES 9-18

\$225*

tuition includes snacks, camp t-shirt, production script and rehearsal cd

** Tuition includes a \$35 non-refundable registration fee . There are NO refunds after June 1, 2012.*

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	SHOW
		CREW CHORUS	SWING UNDERSTUDY PRINCIPLE	