

# THEATRE DIRECT

EXCEPTIONAL THEATRE FOR **YOUNG** PEOPLE

## Theatre Direct Summer Camp Registration Form

Name of Primary Caregiver

Name of Child

Age & Birth date

Age in September

Mailing Address

Email Contact

Daytime Phone

Alternate Phone

Camp Session- Circle One

- Session 1A
- Session 1B
- Session 2
- Session 3
- Session 4

Extended Care- Circle One

- AM/PM
- AM Only
- PM Only

Membership

Giving Amount

Camp Fee

Extended Care Fee

Total Camp Fee

Credit Card Type:

Number & Expiration

Name on Card

Total Charge To Card

For Office Use Only

Registered By:	Camp Receipt Issued/Date:
Added to Sumac:	Guardian Form Sent/Date:
IATS #	Donation Receipt/Date: