

Spokane Children's Theatre

REGISTRATION FORM: SUMMER Camp 2022 (Page 1 of 2)

Camp runs from 9am-3pm and there will be a showcase at 3:15pm on Friday - free for parents, relatives, and friends! The cost for this camp is \$200 per student. Space is limited. For more information call (509) 328-4886 or email camp@spokanechildrenstheatre.org or visit our website www.SpokaneChildrensTheatre.org.

Students will need to bring a daily sack lunch & water bottle.

June 20-24: Summer Solstice Heist (Ages 5-7)

June 27-July 1: Leveling Up! (Ages 8-12)

July 11-15: Sorry, Wrong Castle! A Mixed up Fairytale Adventure (Ages 8-12)

July 18-22: Diving Deep: An Acting Mastery Class (ages 10-13)

July 25-29: Summer Snow (Ages 8-12)

Parent/Guardian

Name _____

Primary Phone _____ **Cell** _____ **Secondary Phone** _____ **Cell** _____

Email Address _____

Emergency Contact _____ **Phone** _____ **Cell** _____

Student's Name _____	Age _____	Grade _____	T-shirt Size _____
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Name _____

Name _____

COST	QUANTITY	TOTAL
\$200.00		
		\$

Payment Method:

CHECK # _____ **CASH** _____ **Paid Online** _____

Card # _____

Exp ____ / ____ **CCV** _____ **Zip Code** _____

T-Shirt Sizes:
 YS – Youth Small
 YM – Youth Medium
 YL – Youth Large
 S – Adult Small
 M – Adult Medium
 L – Adult Large

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Parent's Name _____

CAMP CANCELLATIONS: In case of cancellation, parents/guardians will be notified. A refund will be given in case of cancellation by SCT for any reason. Cancellation by parent/guardian less than week before cam starts will result in a \$50 cancellation fee.

MEDIA OPT OUT:

SCT News Media and Internet Publications: Students/Actors pictures and or video may be included in our advertising of productions or events with our community through the news media (may include interview with newspaper, television, radio) and on the Internet (SCT website, Facebook, Twitter, Instagram etc.). Student/Actor's photos and or videos will be published unless the parent/guardian directs otherwise. Please check the box below if you want to exclude your child from any publications.

I do NOT want my child's photo or video included in news media or internet publications.

MEDICAL OR SPECIAL CIRCUMSTANCES INFORMATION.

If your child has a medical or special circumstance, please answer the questions below. Attach sheet if additional info is needed.

My child has food or other allergies or other needs that SCT should be aware of:

My child has special physical needs or communication/language difficulties that SCT should be aware of: (please describe):

Check box if your child has NO Medical or Special Circumstances that SCT needs to know.

Parent/Guardian Signature _____ Date _____