

2017 Winter Vacation Theatre Camp
REGISTRATION FORM

Camper's Name _____ Age _____

Parents' Names _____

Parents' Emails (please print very clearly – this is how you will receive information!)

Parents' Phone Numbers _____ Home

_____ Work

_____ Cell

Emergency Contact: Name/Relationship _____

Phone Number(s) _____

Please list all health/allergy concerns _____

CAMP TUITION (Please note: a **\$50.00 deposit** will hold a spot for your actor; balance is due by the first day of camp. Make checks out to: **Community Players of Concord NH**)

Please check: _____ Players' Member \$175.00 _____ Non-member \$190.00

Send your payment and registration form to:

Karen Braz 732 Concord Stage Rd. #15 Weare NH 03281

*Camp tends to fill up quickly, so get your form in soon!