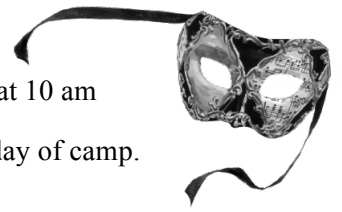


Arts Enter Summer Theatre Camps 2016



Arts Enter will conduct two summer, musical theatre camps in 2016. Each camp starts promptly at 10 am and ends at promptly at 4 pm. Both camps are for ages 7- 16. Fees must be paid prior to the first day of camp.

Please check the musical theatre camp(s) you would like to register for:

Name of Production	Dates	Performance Dates	Price
<input type="checkbox"/> Musicville	July 11 -22	July 22 nd @ 7 pm and August 23 rd @ 3 pm	\$250
<input type="checkbox"/> The Grunch	August 1-12	August 12 th @ 7 pm and August 13 th @ 3 pm	\$250.

A 10% discount will be applied **if** a child registers **and pays** for both camps at the same time with payment due prior to the start of the first camp. Children are expected to bring a packed lunch each day. Only snacks and drinks will be available for purchase at the concession stand.

Student's Name _____ Date of birth _____ Age as of June 1, 2016 _____

PARENT/GUARDIAN

Name _____ Email _____

Mailing Address _____

Phone _____ Cell Phone _____ Work Phone _____

Emergency/Secondary Contact _____ Phone _____

Medical Needs _____ Allergies _____

PARENT'S AUTHORIZATION:

I hereby give consent for my child to participate in the Arts Enter programs indicated above and all activities and field trips unless I advise you in writing. To the best of my knowledge, my child is in good health and I will notify Arts Enter if he/she has any allergies or other special medical needs. I further release and agree to indemnify and hold harmless Arts Enter Cape Charles and its officers, servants or assigns from any liability concerning our child's involvement in the Arts Enter programs and further agree that the use of all Arts Enter facilities and field trip facilities is made at the risk of the registrant. Every effort will be made to contact a parent/guardian or contact listed above in the case of emergency.

I give Arts Enter rights to any photos or videos of my child(ren) that are taken during the hours of camp, rehearsals or the final performance for promotional material

Signature of Parent Date

I have enclosed a check for \$ _____ Check# _____ Please mail to: P.O. Box 226 Cape Charles, VA. 23310

Credit (circle one) VISA MC AMEX DISC

Name on Card _____ Card# _____

Expiration Date: _____ Zip Code: _____ Security Code _____ Signature: _____

I would be interested if early drop off (9 am) and late pick up (5 pm) were available for an extra fee Y or N ?