

REGISTRATION FORM

STUDENT'S NAME _____ Grade entering 2010 _____

PARENT'S NAME _____

ADDRESS _____

TELEPHONE _____ Cell phone or work phone _____

Pay by June 1 and pay the lesser price

___ Go Dog. Go!..... \$275/\$290 (June 21-July 2 All Day Mon-Fri)

___ Costume Creations..... \$80/\$90 (July 12-16 morning) ___ ArtSample \$ 185/205

___ Costume Creations\$80 /\$90 (July 12-16 afternoon) ___ ArtSample \$ 185/205

___ Lost in the Green Room....\$80/\$90 (July 26-30 morning) ___ ArtSample\$ 185-205

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Non-refundable \$50 deposit per camp required at sign-up Limited financial help available

Full payment by June 1 to receive the discount

Amount included \$ _____

Credit card # _____ v-code _____ exp _____

Make checks to WTC

I, the undersigned parent or guardian of this student, a minor, do hereby authorize the directors of the summer camps as agents of the undersigned to consent to medical treatment in an emergency. I hereby release and discharge WTC from any and all claims for personal injury.

PARENT SIGNATURE _____

Send to : Whitefish Theatre Company One Central Ave Whitefish, MT 59937 Fax# 406-863-9200
Call for more information 862-5371 Or visit www.whitefishtheatreco.org
