

REGISTRATION FORM

STUDENT'S NAME _____ Grade entering 2008 _____

PARENT'S NAME _____

ADDRESS _____

TELEPHONE _____ Cell phone or work phone _____

- One Inch Tall..... \$75/\$80 after June 1 (June 9-13 morning)**
- The Spider and the Fly..... \$85/\$90 after June 1 (June 9-13 afternoon)**
- It Was a Dark and Stormy Night\$140/\$150 after June 1 (June 30 - July 4 all day)**
- The Shivers.....\$275/\$290 after June 1 (July 7 -11 & July 14-18 all day)**
*Non-refundable \$50 deposit per camp required at sign-up Limited financial help available
Full payment due June 1 to receive the discount*

Amount included \$ _____ T-Shirt Size (For two week camp) _____

Credit card # _____ v-code _____ exp _____

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 Fax# 406-863-9200 Call for more information 862-5371
