



Summer Registration Information

2011

Name _____ Phone _____ DOB _____ Grade _____

Address _____

Parent/Guardian _____ Phone (home) _____ (work) _____

Parent/Guardian _____ Phone (home) _____ (work) _____

E-mail address: _____

If parent is unavailable: Name _____ Phone _____

Please list any known medical problems or allergies:

Classes:	Days:	Times:

Registration Fee: _____

Summer Camps:	Dates:	Time:	Amt:

Total: _____

Amt Pd _____

All classes/camps are subject to change due to enrollment. Participation is on a first come, first served basis. A non-refundable registration fee of \$20.00 per person is required. (Fee credited towards SD Theatre fall registration). All fees must be paid one week prior to the commencement of camp/classes.

_____ (Initial)