

2018 DRAMA CAMP REGISTRATION FORM

Registration is mail-in **ONLY** and **MUST** be postmarked **April 14 – 28**.

Camps fill quickly, send registration as soon as possible.

Drama Camp, 16081 6100 Road, Montrose, CO 81403

Please highlight the WEEK AND AGE GROUP that fits your actor.

WEEK ONE	JUNE 17– JUNE 22	WEEK TWO	JUNE 24 – JUNE 29
ELEMENTARY (3 RD THROUGH 5 TH)		ELEMENTARY (3 RD THROUGH 5 TH)	
MIDDLE SCHOOL (6 TH THROUGH 8 TH)		MIDDLE SCHOOL (6 TH THROUGH 8 TH)	
WEEK THREE JULY 16 - 20			
HIGH SCHOOL (9 TH – 12 TH)			

Actor _____ M ___ F ___ Age ___ Grade(Fall 2018) _____

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Parent /Guardian _____ Phone Number _____

Parent/Guardian _____ Phone Number _____

E-mail (please print legibly) _____

Address _____

Adult Registering Actor _____

Phone Number _____

Local Emergency Contact:

Name _____ Phone _____

Name _____ Phone _____

People who may pick up your actor _____

Anything specific we need to know about your actor (medication, health, allergies, etc.)

Please DO NOT include a payment with this registration. You will receive an email notice regarding payment when your registration form is received. Tuition is \$40 for the first actor and \$25 for each additional actor in the same household. Rosters will be finalized after receiving payment.