

little red theatre

SUMMER DRAMA CAMP REGISTRATION 2010

Child's Last Name _____ Child's First Name _____

Sex _____

Birth date _____ Child's Full Address _____

Please list names and phone numbers of ALL people who will pick up child from camp.

Please list any other names and phone numbers to be contacted in an emergency.

Please list any emotional/physical/dietary specifics about your child that we at little red theatre should know about?

Session 1 - Virtual Film Camp - July 5 - 9 _____

Session 2 - You Tube Video Camp- July 12 - 16 _____

Session 3 - Theatre/Dance/Yoga Camp - July 19 -23 _____

Courses are \$175 per week. We require a non-refundable deposit \$50 to secure your child's place at camp. Balance of payment is to be made payable to little red theatre on first day of camp. Please send registration and deposit to: little red theatre, 25 Beaty Avenue, Toronto M6K 3B3.

Precautions will be made to create a safe environment for your child. However In accepting the camp registration I the undersigned discharge little red theatre of any liability whatsoever arising as a result of my child's participation in this camp.

Signature

Date

little red theatre
25 Beaty Avenue, Toronto M6K 3B3
416-533-8848
Email: littleredtheatre@yahoo.ca