

BROADWAY ROSE THEATRE COMPANY

2012 Summer Drama Camp Registration Form

Child's Name: _____ Age: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Past Theater Experience: _____

Camp One – *Beauty and the Beast*

Camp Two – *Pinocchio*

Camp One (ages 8 – 11): Friday, June 29, 10 a.m. – 2 p.m., Monday, Tuesday, Thursday, & Friday, July 2, 3, 5, 6, 10 a.m. – 2 p.m. (no Wednesday 4th of July class), Monday & Tuesday, July 9 & 10, 10 a.m. – 2 p.m., Wednesday – Saturday, July 11 – 14, 10 a.m. – 12:30 p.m. (including 11 a.m. performances of *Beauty and the Beast*).

Camp Two (ages 8 – 11): Monday – Friday, July 30 – August 3, 10 a.m. – 2 p.m., Monday & Tuesday, August 6 & 7, 10 a.m. – 2 p.m., Wednesday and Thursday, August 8 – 9, 10:00 a.m. – 2:30 p.m. (including 11 a.m. & 1 p.m. performances of *Pinocchio*), and Friday & Saturday August 10 & 11, 10 a.m. – 12:30 p.m. (including 11 a.m. performances of *Pinocchio*).

Camp will be held at the Deb Fennell Auditorium, Tigard High School, 9000 SW Durham Road, Tigard. Drama students should bring water and a brown bag lunch each day.

The Broadway Rose Theatre Company does not provide medical insurance for any participant in any program offered. I, the undersigned Parent or Guardian of this student, a minor, do hereby authorize the directors and teachers of Broadway Rose Theatre Company as agents for the undersigned to consent to medical emergency treatment. I hereby release Broadway Rose Theatre Company and its Board of Directors from any and all claims from personal injuries. I also consent that student's photo or video may be taken and used for any purpose deemed necessary to promote Broadway Rose Theatre's education program without compensation.

Parent/Guardian Signature: _____ Date: _____

Cost is \$250.00 ___ Visa ___ MasterCard ___ Discover ___ American Express ___ Check

Card Number: _____ Exp. Date: _____

Questions? Call Brenda MacRoberts at 503.906.2377 or email brenda@broadwayrose.org

Mail completed form and payment to:

Broadway Rose, Attn: **Emma**, P.O. Box 231004, Tigard, OR 97281

For Office Use Only: Date Paid: _____ CC auth/Check # _____
