

Camp Director

Scott Usher
(517) 540-1365
susher@gmail.com



Camp Producer

Mary Jo Del Vero
(586) 854-6250
mjd511@hotmail.com

CTH Summer Theatre Camp 2009

Name of Participant _____

Name of Parent (s) _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email Address _____ Participant Birth Date ____/____/____

Any additional information that the instructors or producer should be aware of (allergies, etc.)

Emergency Contact _____

Relationship _____ Phone () _____

Please indicate the participant's T-Shirt Size _____ (Each participant receives a camp t-shirt to wear on the final day and then take home.)

PLEASE COMPLETE

Dance Experience:

Theatre Experience:

Vocal Experience:

Method of Payment

CHECK (Make checks payable to CTH)

VISA

MASTERCARD

Fees:
Member \$130
Non-Member \$160

Credit Card Number _____

Exp. Date _____

Signature _____

DEADLINE
July 10, 2009

**** There is a \$20
cancellation fee up to
two weeks prior to the
camp date. All fees
are forfeited after the
two-week deadline. (You may send a substitute.)**

Send form with payment to:
The Community Theatre of Howell
C/O Mary Jo Del Vero
846 Oakwood Drive
Howell, MI 48843