

Registration Form

Camp Director
Scott Usher
(810) 844-1713
susher@gmail.com

Name of Participant _____

Name of Parent (s) _____

Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Email Address _____ What grade will camper be attending in Fall? _____

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

Emergency Contact _____

Relationship _____ Phone () _____

Please indicate the participant's T-Shirt Size YS YM YL AS AM AL AXL

(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 8, 2011

**** 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 Scott Usher
7680 Briarwood Circle
Brighton, MI 48116