



Junior Theatre Camp (Ages 5-6) & Kids Theatre Camp (Ages 7-12) Registration Form

Camper Information – PLEASE PRINT – One form per camper

Name: _____ Gender: _____ Age: _____
 Birthdate (Month, day, and year): _____ (Campers must be 7 years old by June 1 to participate in Kids Camp.)
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell: _____
 Email: _____
 Please detail any special needs our camp staff should be aware of (IE special needs, food allergies, latex allergies, etc.): _____

Parent/Guardian & Emergency Contact Information:

Parent/Guardian Names: _____ Email: _____
 Home Phone: _____ Cell: _____
 Emergency Contact Name/Relationship: _____
 Home Phone: _____ Cell: _____

Camp Selection:

Junior Camp – July 9-10 – AT LIVING HOPE CHURCH – PERFORMANCE, JULY 11 10 AM (Junior camp for ages 5 & 6)	\$65.00	
101 Dalmatians Kids – July 7-10 – AT LIVING HOPE CHURCH – PERFORMANCE, JULY 11 10 AM (Kids camp for ages 7-12)	\$160.00	
Frozen Kids – July 21-24 – AT JUBILEE BIBLE CHURCH – PERFORMANCE, JULY 25 10 AM (Junior camp for ages 7-12)	\$160.00	
Multi Camp Discount	-\$10.00	
Sibling Discount	-\$10.00	
Early Registration Discount (if registered by May 1)	-\$10.00	
Camp T-Shirt (included) Circle your shirt size: Youth SM Youth MED Youth LG Adult SM Adult MED Adult LG Adult XL		
TOTAL*:		
<i>OFFICE USE ONLY:</i> Deposit Received _____ Balance Due _____ Balance Received _____		

*\$50 non-refundable deposit due at registration. Full payment due one week prior to the start of camp.

PLEASE READ AND CHECK THE BOX AND INITIAL THE FOLLOWING STATEMENT:

*****I understand that if my student(s) chooses to withdraw from a camp, they must do so prior to the first day of camp. No refunds will be issued if a student has attended any camp activities, and that I am responsible for the full camp tuition.**

(PLEASE CHECK) _____ (INITIAL)

Parental Consent & Photography/Videography Release:

I, _____, give permission for my child, _____, to participate in Overshadowed Summer Blast Theatre Camp activities. I also grant my permission to the supervising adults to permit them to use all necessary measures should emergencies arise. I release Overshadowed Theatrical Productions and all supervising adults from any and all liability. I hereby agree and consent that the photograph(s)/video(s) taken by Overshadowed Theatrical Productions may be copyrighted and reproduced for use in marketing and promotional items or other appropriate publications, any time hereafter without restriction; and that copies of said photograph(s)/video(s) will remain the property of Overshadowed Theatrical Productions.

Signature _____ Date _____

Mail Registration and Payment to: Overshadowed Summer Camp, 333 Pierce Road, Suite 195, Itasca IL 60143