



# 2017 SUMMER CAMP REGISTRATION FORM

For students age 8 to 13 \*PLEASE PRINT

Please check one:  New student  Returning student

NAME OF STUDENT: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ M/F: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

Please select your class(es) below, along with the session(s) of your choice where applicable

Fees listed beside each program option indicate the cost per session.

\*DISCOUNTS: Book more than one session and save \$20 on each additional session or student booked.

SUMMER THEATRE CAMPS	TIME	DATES	FEE (per term)	TOTAL FEES
<input type="checkbox"/> Improv Camp (ages 8 to 13)	9 am - 4 pm	July 17-21	Regular: \$200 + HST Subscriber / Academy member: \$180 + HST	_____
<input type="checkbox"/> Musical Theatre (ages 8 to 13)	9 am - 4 pm	July 24-28	Regular: \$200 + HST Subscriber / Academy member: \$180 + HST	_____

**AFTER-CARE** Our full-day camps end at 4 pm each day. Arrangements can be made for late afternoon pick-up, for an additional \$10 per day. Please circle the dates below that your child will require late pick-up.

Yes, my child will require late pick-up on these days that week (circle) **M T W Th F** \_\_\_\_\_ \$10 per day

\*If you're not sure, you may arrange this closer to the date of the camp.

PLEASE NOTE: If you are a NEW student who was referred to the STC by another student or parent, please provide the name of the person who provided this referral. \_\_\_\_\_ **TOTAL** \_\_\_\_\_

**HST** \_\_\_\_\_

STC is considering the development of an STC ACADEMY t-shirt.

Would you be interested in purchasing a t-shirt for your child/teen? (approx. \$15 to \$20) **YES NO TOTAL FEES** \_\_\_\_\_

Would you like to receive e-mail information about other Sudbury Theatre Centre programs? **YES NO**

## FOR OFFICE USE ONLY

Method of Payment: CASH / CHEQUE / VISA / MASTERCARD / AMERICAN EXPRESS / OTHER \_\_\_\_\_

Name on Cheque: \_\_\_\_\_

Credit Card No.: \_\_\_\_\_ 3-digit Card ID: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_