P.O. Box 782 Sturgeon Bay, WI (920) 818-0816 1roguetheater@gmail.com

YOUTH THEATER CAMP REGISTRATION

Date: Tuesdays & Thursdays, June 18- July 11 (There is no camp on July 4th) *

Time: 10:00 AM to 2:00 PM (Bring your own lunch) **Place:** DC Arts Center 917 N 14th Ave. Sturgeon Bay **Cost:** \$78.00 per student \$68 for returning students

* The class will return *Thursday, July 11th* at 6:00 PM for a public performance. Specify Any Conflicts: Student's Name: _____ Date of Birth: _____ Last Grade Completed: ____ (As of June this year.) School Attending: Parent/Guardian's Name: Address: Email Address: Phones: Home _____ Cell_____ Emergency Contact Allergies, Medical Concerns or Special Needs: All information is used for Theater Camp purposes only. No information will be shared for any other purpose. In the event reasonable attempts to contact me at _____ Phone Number Emergency Contact Person Phone Number have been unsuccessful, I (we) hereby give my (our) consent to the physician/hospital selected by the Theater Camp director to treat my (our) child/children noted above and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment. I (we) will assume the responsibility for all medical bills, if any. Parent/Guardian Signature: ______ Date:

Send Registration and Payment to: Rogue Theater, PO Box 782 Sturgeon Bay, WI 54235