REGISTRATION

Please indicate which camp you are registering for.

☐ YOUTH THEATER CAMP

Date: Tuesdays & Thursdays, June 20- July 13 (There is no camp on July 4th) * **Time:** 10:00 AM to 2:00 PM (Bring your own lunch) Place: Rogue Theater, 917 N. 14th Ave. Sturgeon Bay **Cost:** \$75.00 per student \$65 for returning students * The theater class will return *Wednesday, July 13th* at 6:30 PM for a public performance.

PUPPET MAKING MINI CAMP

Dates: Wednesday June 21 and Wednesday June 28 **Time:** 10:00 AM to 2:00 PM (Bring your own lunch) **Place:** Rogue Theater, 917 N. 14th Ave. Sturgeon Bay **Cost:** \$25.00 per student

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 S	pecial 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

or

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