

**Sponsored By:**  
Rogue Theater

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

## YOUTH THEATER CAMP REGISTRATION

**Date:** Tuesdays & Thursdays, June 17- July 10\*  
**Time:** 10:00 AM to 2:00 PM (Bring your own lunch)  
**Place:** DC Arts Center 917 N 14<sup>th</sup> Ave. Sturgeon Bay  
**Cost:** \$78.00 per student \$68 for returning students

**\*The class will return Thursday, July 10<sup>th</sup> 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:**

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**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 \_\_\_\_\_  
or \_\_\_\_\_ 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**