

Sponsored By:
Rogue Theater

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

YOUTH THEATER CAMP REGISTRATION

Date: Tuesdays & Thursdays, June 16- July 9*
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 9th 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 _____
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