

Office Use Only
Processed By: _____
Date: _____



MAIL TO: Warner Theatre
P.O. Box 1012, Torrington, CT 06790

Summer Arts Program 2018

Please complete ONE registration form per student.

Student's Name: _____ Sex: M _____ F _____

Age: _____ DOB: _____ Has student attended the Summer Arts Program before? Yes _____ No _____

Parent/Guardian Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Alt./Cell #: _____

Email Address (REQUIRED): _____

Emergency Contact: _____ Phone #: _____

Special Needs / Medical Conditions / Medications (PLEASE LIST ALL): _____

Allergies: _____

Please attach a copy of student's updated medical form, signed by student's physician. Forms must be received prior to first day of program, per State Camp Licensing requirements.

PLEASE SELECT APPROPRIATE SESSION(S):

Session 1 (Ages 7-12) *July 9-20*

Session 2 (Ages 7-12) *July 23-August 3*

Session 3 (Ages 9-16) *August 6-18*

CIRCLE CAMPER T-SHIRT SIZE:

Youth: **S M L**

Adult: **S M L XL XXL**

TUITION:

Session 1: \$525.00* | Early Bird: \$500.00* | **Sibling: \$500.00*** | Early Bird Sibling: \$475.00*

Session 2: \$475.00* | Early Bird: \$450.00* | **Sibling: \$450.00*** | Early Bird Sibling: \$425.00*

Session 3: \$525.00* | Early Bird: \$500.00* | **Sibling: \$500.00*** | Early Bird Sibling: \$475.00*

Full Tuition + \$25.00 Registration Fee due at time of registration

IN ORDER TO QUALIFY FOR THE EARLY BIRD TUITION DISCOUNT REGISTRATION MUST BE RECEIVED BY MAY 27, 2018

Total Tuition Cost: \$ _____ + \$25 Reg. Fee | Total Due: \$ _____ | Total Paid: \$ _____

Method of Payment: Personal Check (# _____) Cash Gift Certificate VISA MasterCard Discover®

CREDIT CARD #: _____ EXPIRATION DATE: _____ / _____ 3-DIGIT CODE (CID #): _____

*I, the undersigned, as legal guardian of the above named minor, hereby grant permission for said minor to participate in the 2018 Warner Summer Arts Program. I understand that there will be **NO REFUNDS** of tuition, including cases of illness or injury, unless a doctor's statement is provided.*

Signature: _____ Date: _____