

Office Use Only
Processed By: _____
Date: _____



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

Summer Arts Program - Mini Camp 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 5&6) *July 16-20*
 Session 2 (Ages 5&6) *July 30-August 3*

CIRCLE CAMPER T-SHIRT SIZE:

Youth: S M L

TUITION:

Session 1 + 2: \$175.00* | Sibling: \$150.00*

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

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: _____