



For Office Use

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2011 Summer Drama Workshops

4630 Merchant's Park Circle, Suite 737, Collierville, TN 38017 (901) 853-9669

Join us for summer fun at our studio at The Avenue Carriage Crossing.
 No experience necessary. Mail check to address above or
 visit our website to pay by Paypal. Classes are limited to 30, so hurry and sign up!

REGISTRATION FORM

Participant's Name _____ Preferred Name _____
 Home Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____
 Email _____
 T-shirt Size (please circle) YS YM YL AS AM AL AXL

Sessions	Sessions	Sessions
<input type="checkbox"/> Session 1-Cost \$150 Movie Makers June 6-10, 2011 Mon-Fri 9A-2P Showcase June 10 AGES 7-18	<input type="checkbox"/> Session 2-Cost \$200 Musical Theatre June 13-24, 2011 Mon-Fri 9A-12P Showcase June 24 AGES 7-11	<input type="checkbox"/> Session 3 –Cost \$200 Musical Theatre June 13-24, 2011 Mon-Fri 1P-4P Showcase June 24 AGES 12-18
<input type="checkbox"/> Session 4 –Cost \$125 Stage Managers June 27-July1, 2011 Mon–Fri 9A-12P AGES 7-18	<input type="checkbox"/> Session 5 –Cost \$125 Set Design/Decorating June 27-July1, 2011 Mon–Fri 1P-4P AGES 10-18	<input type="checkbox"/> Session 6–Cost \$150 Drama Camp-Shel Silverstein July11-22, 2011 Mon–Fri 9A-12P Ages 6-18
<input type="checkbox"/> Session 7 –Cost \$150 Drama Camp-Story Theatre July11-22, 2011 Mon–Fri 1P-4P Ages 6-18	<input type="checkbox"/> Session 8 –Cost \$150 Movie Makers July 25-29, 2011 Mon-Fri 9A-2P Showcase June 10 AGES 7-18	

Cancellation policy: Refunds of 50% after May 20th for June Sessions
Refunds of 50% after June 1st for July sessions.



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AGE _____ Date of Birth _____ School _____ Grade in Fall _____

Mother's Name _____ Daytime phone (mom) _____

Father's Name _____ Daytime phone (dad) _____

Cell phone (mom) _____ Cell phone (dad) _____

In the event that a parent cannot be reached, please call:

NAME _____ Phone _____

Can the above person give permission for treatment? (circle one) YES NO

Preferred Hospital: _____

Please list any special dietary restrictions, physical restrictions, or health problems, including allergies, that we should be aware of _____

I affirm that, except as noted above, my child is in good health and able to participate in all activities. YES NO

With the understanding that safety standards will be met, I release New Day Children's Theatre from possible claims for injury to person or property, which may arise from participation in all activities, and hereby agree to hold harmless New Day Children's Theatre, its employees, agents, or representatives from any claim, liability, or expense arising out of or in any way connected with any alleged incident or injury resulting from such participation. YES NO

In the event of a medical emergency, if parent or emergency contact is not available, I give the Camp Director permission to transport myself or my child to a medical facility. I further give permission for the Director to seek any and all emergency medical treatment needed.

*I have read and understand the summer policies outlined in this brochure. YES NO

*May we include you or your child's name and/or photograph in our advertising? YES NO

Signature of Parent/Guardian _____ Date _____

