

WEST T. HILL COMMUNITY THEATRE

CAMPCAUSEWELOVETOACT and
UPLIFT of NORTHERN IRELAND
SUMMER – 2019

NAME: _____ AGE: _____

ADDRESS: _____

BOY ___ GIRL ___ e-MAIL: _____

PLEASE CHECK WEEK OF INVOLVEMENT:

Please fill out a form for each camper in your family.

KIDS' CAMP: 7/22-26 ()
10 A.M. – 3 P.M.

ADULT CAMP: 7/29-8/2 ()
6-9 P.M.

PHONE NUMBERS: _____

ALLERGIES: (lunches & snacks may include pizza, ham/turkey sandwiches, hot dogs, chicken strips, fruit, chips, etc.)

T-SHIRT SIZE (youth sizes) _____ (adult sizes) _____

COMMENTS/SPECIAL INFO:

AGREEMENT

I GIVE MY/MY CHILD PERMISSION TO PARTICIPATE IN THIS CAMP EVENT HELD BY WEST T. HILL COMMUNITY THEATRE as PER THE DATES AND HOURS ABOVE (as indicated). I also agree and give my permission as to photos and videos taken and internal publications that might be posted on various websites for theatre promotional purposes.

SIGNATURE: _____

FEE: \$150 (KIDS CAMP) _____ (PD) \$100 (ADULT CAMP) _____ (PD)