

— EST. 1947 —

DELRAY BEACH PLAYHOUSE

YOUR HIDDEN GEM ON LAKE IDA

DELRAY BEACH PLAYHOUSE CHILDREN'S THEATRE SUMMER CAMP REGISTRATION FORM

Frozen JR. & Elf The Musical JR.

Please complete this form in its entirety, using one form per student.
Print all information clearly and mail/fax/e-mail completed form with payment to:
Delray Beach Playhouse Children's Theatre, 950 NW 9th Street, Delray Beach, FL, 33444
FAX: 561-272-5884 E-MAIL: sandysantanadbp@gmail.com

Payment Info/Deadline: 50% due upon casting (May 2, 2020). **Balance in full must be received by June 1, 2020.**
Please call 561-272-1281 ext. 10 with any questions.

Name _____

Age _____ DOB ____ / ____ / ____ Grade _____ School _____

Parent/Guardian _____

Address _____ City _____

Zip _____ Parent E-Mail _____

Home Phone _____ Cell Phone _____

Emergency Contact (Name & Phone) _____

Camp Fee - \$750 per child: \$ _____ . _____

Less Sibling Discount: (10% if applicable) -\$ _____ . _____

50% Deposit Due on 5/2/2020: \$ _____ . _____

Balance Due, if any, by 6/1/2020: \$ _____ . _____

Payment Options:

Check in the amount of \$ _____ . _____ (payable to Delray Beach Playhouse)

Visa Mastercard

Credit Card # _____ Expiration Date _____

Name (as it appears on card) _____

Please list any health/learning challenges, medications, physical limitations, allergies, etc.

Are you interested in carpooling? Yes No

Contact Number or E-Mail _____

Liability and photo waiver

I, _____, the undersigned mother father legal guardian

of _____, a minor, on behalf of the minor, hereby fully release and discharge the Delray Beach Playhouse, its assigns and successors, from all rights, claims and actions which the minor or his or her successors may have against the Delray Beach Playhouse arising out of the minor's participation.

Date _____ Signature of Parent/Guardian _____