



A non-refundable deposit of \$500 per child must accompany this application

2008 Summer Program Application

PLEASE CHECK: Session 1 \_\_\_\_\_ Session 2 \_\_\_\_\_ Full Summer \_\_\_\_\_

NAME OF CAMPER \_\_\_\_\_

SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AGE AS OF 7/1/07 \_\_\_\_\_ GRADE AS OF 9/07 \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ BEEPER # \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS (Parent) \_\_\_\_\_

MOTHER'S NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

FATHER'S NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE \_\_\_\_\_

PARENTAL AUTHORIZATION - MUST BE SIGNED

1. I hereby authorize the physician selected by The Garage Theatre Group to render whatever treatment he/she may deem necessary in the event of an emergency.
2. Permission is hereby granted for photographs to be taken of my child during Garage Theatre Group activities and The Garage Theatre Group has the right to utilize these photographs in program brochures and display material.
3. Permission is hereby granted to the directors of The Garage Theatre Group to take my child outside of camp as part of the regular camp program.

Signed \_\_\_\_\_ DATE \_\_\_\_\_

Please mail form & payment to: Garage Theatre Group, P.O. Box 252, Tenafly, NJ 07670

\_\_\_\_\_ My check for \$ \_\_\_\_\_ (enclosed); OR Charge Card: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

THANK YOU!