



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

PLEASE CHECK: Session 1 _____ Session 2 _____ Full Summer _____

NON-SUMMER PROGRAM REGISTRATION

NAME OF CAMPER _____

SEX _____ DATE OF BIRTH _____

AGE AS OF 7/1/2010 _____ GRADE AS OF 9/2010 _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____

EMAIL 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 \$ _____ (endorsed); OR Charge Card: _____ Visa _____ MC _____ Discover

Credit Card#: _____ Exp. Date _____

Signature: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

THANK YOU!