

2011 SUMMER PROGRAM REGISTRATION



A non-refundable deposit of \$500 per child's application

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

NAME OF CAMPER _____
SEX _____ DATE OF BIRTH _____
AGE AS OF 7/1/2011 _____ GRADE AS OF 9/2011 _____
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!