

2026 CAMP TBTS REGISTRATION FORM

Please fill out one registration form per child.

Camper's Name _____ Age _____ M/F _____

Current School _____ Grade Entering Sept 2026 _____

Parent/Guardian _____

Email _____

Billing Address _____

City _____ State _____ Zip _____

Daytime Phone(s) _____

Medical/Special Needs _____

Allergies, including food and drug _____

If parent/guardian cannot be reached, please notify:

Name _____ Phone(s) _____

If emergency treatment is required, may camp authorities use their own judgment in sending the camper to the hospital or doctor most accessible before parents are reached? YES _____ NO _____

*** On a separate sheet of paper, please have the applicant list any prior performance experience and special interests, along with a short paragraph explaining why they want to attend an arts camp.**

*** Please include a recent picture of applicant to be kept on file.**

CAMP TBTS will be held July 20 - 31 from 9:00am - 4:00pm, Monday through Friday. Most sessions will be held at our rehearsal studio located at 450 Woodruff Avenue in Wakefield, RI. On Friday, July 31, campers will participate in a staged musical production of **THE SPONGEBOB MUSICAL: YOUTH EDITION** which will be presented at 10am and 12pm* on the Theatre By The Sea stage, located at 364 Cards Pond Rd, Wakefield. Each camper will receive two complimentary tickets.

***(Please note: if ticket sales warrant, a third performance will be added at 2pm.)**

Tuition is \$750 for the session. \$150 deposit due with application. Balance is due by Monday, July 6.
For further information, contact the Box Office at (401) 782-8587.

Parent's/Guardian's Signature _____ Date _____

\$150.00 deposit due with registration form.

I would like to use my comp tickets for: _____ 10am / _____ 12pm

Mail completed registration form to: **Camp TBTS, PO Box 720, Wakefield, RI 02880**

Or EMAIL: **boxoffice.tbts@gmail.com**

_____ Check Enclosed. Please make checks payable to: **Theatre By The Sea**

_____ Please charge \$_____ to: _____ Visa _____ MasterCard _____ AMEX _____ Discover

Card # _____ Exp. Date _____

Name on card (print) _____ Sec. Code _____