

2021 CAMP TBTS REGISTRATION FORM

Please fill out in its entirety one registration form per camper to avoid delays in processing.

Camper's Name _____ Age _____ M/F _____

Current School _____ Grade Entering Sept 2021 _____

Parent/Guardian _____

Email _____

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.

CAMP TBTS 2021 will be held **July 19 - 30 from 9:00 am - 4:30 pm, Monday through Friday**, on the Theatre By The Sea property located at 364 Cards Pond Road, Wakefield. New this summer will be more immersive instruction in dance, voice, and acting, as well as "behind the scenes" activities for those who also have an interest in the production and technical side of theatre. Guest speakers and instructors from the professional theatre community will be invited to conduct a variety of master classes. At the conclusion of the session, on Friday, July 16, the campers will present a final showcase on the Theatre By The Sea stage focusing on what they have worked on during their session. Family members will be invited to attend at no cost.

Tuition is \$700 for the session. \$150 deposit due with application. Balance is due by Monday, July 12.

For further information, contact the box office at **(401) 782-8587**.

Parent's/Guardian's Signature _____ Date _____

\$150.00 non-refundable deposit due with registration form.

Please make checks payable to: **Theatre By The Sea**

_____ Check Enclosed

Mail registration form to: **P.O. Box 720, Wakefield, RI 02880**

FAX: 401.782.1088 or **EMAIL: boxoffice.tbts@gmail.com**

Please charge \$_____ to: _____ Visa _____ MasterCard _____ American Express _____ Discover

Card # _____ Exp. Date _____

Name on card (print) _____ Sec. Code _____