

2022 CAMP TBTS REGISTRATION FORM

Please fill out in its entirety one registration form per camper to avoid delays in processing.
Feel free to copy this form or visit www.theatrebythesea.com to print additional forms.

Camper's Name _____ Age _____ M/F _____

Current School _____ Grade Entering Sept 2022 _____

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 _____

All campers must be fully vaccinated for COVID-19. Please provide a copy of vaccination proof along with registration form.

All employees of Theatre By The Sea are fully vaccinated for COVID-19. Masks may be required.

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 will be held July 18 - 29 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 29**, campers will participate in a staged musical production of **Disney's FROZEN, JR.**, which will be presented three times (**10am, 12pm, and 2pm**) on the **Theatre By The Sea** stage, located at 364 Cards Pond Road, Wakefield. Campers will be given two complimentary tickets.

Tuition is \$750 for the session. \$150 deposit due with application. Balance is due by Tuesday, July 5. 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.

I would like to use my comp tickets for _____ 10am / _____ 12pm / _____ 2pm

Mail completed registration form to: **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 _____