

Theatre Theatre Maui

2016 West Side Youth Summer Theatre Camp Registration Form



Camper's Name _____ Age _____ Gender _____ DOB _____

Address _____ City/Town _____ State _____ Zip _____

Grade in Fall 2016 _____ Camper Cell Phone: _____

How did you hear about our Theatre Theatre Maui (TTM) summer camp program? _____

Camper T-SHIRT SIZE **Please circle** (ADULT/CHILD) XS, S, M, L, XL (camper's t-shirt is included with camp participation)

Parent/Guardian Name _____ Cell Phone _____ Relation _____

Parent/Guardian Email Address (for camp correspondence/newsletters) _____

Secondary Contact Name _____ Cell Phone _____ Relation _____

Parent (Primary Contact) Signature _____ Date _____

I understand this constitutes an agreement between TTM and me as the parent/guardian and agree to the following conditions:

*By signing below, I agree to have my child participate in this camp and its show teasers and fundraisers. I understand good behavior & regular on-time attendance is vital and we agree to abide by the class rules. I understand that TTM has full discretionary authority to remove a student from this program if their attendance lapses or behavioral issues arise. I will make every effort to ensure my child attends each class during the 6 weeks and **we will call in ANY ABSENCE to the designated TTM person, well in advance.** Unless informed otherwise, my child is able to be released without supervision and in any case, is to leave camp promptly and is not the responsibility of TTM.*

Parent/Guardian Signature _____ Date _____

Payment Method _____ \$399 Early Bird (Cash/Check ONLY by 05/16/16)
_____ \$425 Credit Card (Anytime) or Cash/Check after 05/16/16
_____ \$425 Installment Payment of \$225 at registration and \$200 by 06/06/16
_____ \$50 Discount for second sibling (please note on only one of the registration forms)
_____ Other Discount (if applicable)

Total amount included \$ _____

If paying by credit card, entering the following information authorizes TTM to charge your credit card \$425 less any applicable discount. Circle one: VISA or Mastercard

Cardholder Name _____ Card Number _____ - _____ - _____ - _____ Expiration _____

Cardholder Signature _____ Date _____

Please submit form by email, drop-off, or mail to PO Box 12318, Lahaina, Hawaii 96761

**Medical Liability and Media Release to be completed and turned in with the registration form.*

***Financial Aid applicants who have met the eligibility requirements are required to make co-payment at minimum of \$212.50 when submitting their financial aid application for review. If you are applying for financial aid, please indicate here: _____ Please inquire with Theatre Theatre Maui for information on financial aid eligibility and form.*