**Theatre Camp**

**REGISTRATION FORM – Summer 2019**

|  |  |
| --- | --- |
| **STUDENT NAME**:       | **PARENT’S/GUARDIAN’S NAMES**       |
| **DATE OF BIRTH:**       **/**       **/**        | **ADDRESS**:       |
| **AGE:**       | **CITY:**       **STATE:**       **ZIP:**       |
| **HOME PHONE**: (     )       -        | **PARENT/GUARDIAN E-MAIL ADDRESS:**  |
| **CELL PHONE**: (     )       -       |       |

[ ]  **Tuesday, Wednesday, Thursday\*\* 9:30am – 12:30pm *(ages 8-9)***

***July 1\*\* – July 26\*\* (4 weeks)***

[ ]  **Tuesday, Wednesday, Thursday\*\* 9:30am – 12: 30pm *(13-15)\** NEW**

***July 1\*\* – July 26\*\* (4 weeks)***

**[ ]  Tuesday, Wednesday, Thursday\*\* 1:30pm – 4:30 pm *(ages 10-12)***

***July 1\*\*– July 26\*\* (4 weeks)***

**[ ]  Tuesday, Wednesday, Thursday\*\* 1:30pm – 4:30 pm *(ages 8-9)***

***July 1\*\*– July 26\*\* (4 weeks)***

***\*\* No camp on Thursday, July 4th – added camp day on Monday, July 1st***

**Total Tuition $700**

**Required *non-refundable* deposit due upon registration $200**

**Balance due on June 7, 2019**……………………………………………………………………………………………………**…$500**

Parents/guardian of enrolled campers must sign below agreeing to the Refund & Cancellation Policy set forth by Paper Mill Playhouse.

**REFUND & CANCELLATION POLICY:**

* *The tuition deposit is non-refundable*
* *The tuition balance payment will become non-refundable as of June 7, 2019*

By signing below I accept and agree to the Refund & Cancellation Policy of the Paper Mill Players Theatre Camp. I also hereby allow any photography taken to be used in promotional materials for Paper Mill Playhouse

 Signature of student’s parent or guardian

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT INFORMATION:**

**Name of student:**

[ ]  **Check made payable to** ***Paper Mill Playhouse*** included with this registration form.

 **OR**

[ ]  **Credit Card**: select one: [ ]  Visa [ ]  MasterCard [ ]  American Express [ ]  Discover

 Card Number:

Card Expiration Date:      /      *3 or 4 - digit Security Code:*       Name on Card:

**MAIL TO: Paper Mill Playhouse, 22 Brookside Drive, Millburn, NJ 07041** ***or*** **FAX TO: 973-315-1439 or email to** mtempkin@papermill.org