



Please complete this form and enclose a non-refundable deposit of **\$25 per child**. Please note, **daily attendance is mandatory** due to the interdependent nature of theatre.

Name:	Sex:	□ Male	□ Female	Grade ent	ering this S	ept:		
Parent/Guardian name(s):	Email address:							
Primary phone:	Alternate phone:							
Street address:								
City:			State:		Zip:			
T-Shirt size: □ Child S □ Child M □ Child L (We have to order camp shirts before July 1. If we receive your registr						□ Adult XL eive a camp shirt.)		
Please list any special needs your student has or accommodations your student needs:								
Grade groups are sometimes divided into small groups. Is there a friend you would like assigned to your group? <i>We will try to accommodate requests.</i>								
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How did you riear about	meatre Camp (select all tha	t appi	y):		
Pentacle Theatre	□ Capitol City Theatre	🗆 Frie	ends / Family	🗆 Snail mail	□ Facebook
□ Poster (where?		)	□ Other:		

Registrations postmarked on or before May 15 will be billed an additional \$125 (\$150 total camp fee).

Registrations postmarked after May 15 will be billed an additional \$150 (\$175 total).

Admittance is subject to availability. Bill balances will be paid at check-in at 8:00 a.m. on the first day of camp *(in front of the Corban University Psalm Performing Arts Center).* 

## Checks are to be made payable to Corban University and mailed to:

Corban Theatre Camp | C/O Michelle Bruhn | 5000 Deer Park Dr. SE | Salem, OR 97317-9392