

Port Tobacco Players' Theater "Camp Mockabee" Registration Form 2015

Choose your session:	Kids Camp for Ages 6 – 12 July 20 – 24, 2015 _____ AM (9-11:45) _____ PM (1-3.45) Teens Ages 12 to HS Senior _____ Teen Camp Session 1 - July 27 – 31, 2015 _____ Teen Camp Session 2 - August 3 – 7 th , 2015
Choose your shirt size:	T-Shirt Size: (Circle one) Child: XS, S, M, L, XL Adult: S, M, L, XL, XXL, XXXL

Camp will be held at the Port Tobacco Players' Theater at 508 Charles Street in La Plata.

Child's Name: _____ Male _____ Female _____ Today's Date: ____/____/15
 Present Age: _____ Birth Date: ____/____/____ Present Grade Level: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____

For Kids: If session is full can the child attend the other session? YES _____ NO _____

For Teens: What aspects of theater interest you the most? _____

Parent/Guardian Name: _____

Telephone Numbers: (Home): _____ (Cell): _____
 (Work): _____

Emergency Contact Person: _____
 Phone Numbers: _____ Relationship: _____

With whom may your child arrive/depart? _____

Are child's immunizations up-to-date? YES _____ NO _____

Does your child take medication? NO _____ YES (please specify) _____

Does your child have allergies (including foods)? NO _____ YES (please specify) _____

Name of Child's Doctor: _____ Phone #: _____

In case of emergency, I _____, give my permission to the staff of PTP's Theater Camp to administer First Aid and/or obtain the nearest emergency care.

 (signature)

Camp fees are \$125 per session for Kids or \$225 for Teens. This fee includes your child's membership in the Port Tobacco Players for the 2014/2015 season as well as the cost for his/her camp t-shirt. Please make checks payable to **Port Tobacco Players**. Mastercard, Visa, and Discover (credit or debit) are also accepted.

_____ I have enclosed my \$50.00 **NON-REFUNDABLE DEPOSIT**. I will send the balance to camp on the first day of camp as listed above.
 (check # _____) Credit/Debit Card _____ exp ____/____

_____ I have enclosed the entire \$125/\$225 camp fee, \$50.00 of which is a **NON-REFUNDABLE DEPOSIT**.
 (check # _____) Credit/Debit Card _____ exp ____/____

I understand that this is a half-day program for kids and that NO before or after care will be provided.

 (signature)

Please complete and mail to: **Port Tobacco Players' Theater, "Camp Mockabee" Post Office Box 2030, La Plata, MD 20646-2030**
DEADLINE FOR APPLICATION: JULY 7, 2015