

Campers Name			Date of Birth			
Parents Name Mom:		Dad:				
Mailing Address:				T-shirt		
Town:		Province	Postal Code			
Phone numbers where you can be reached while camp is in progress				Emergency Contact		
Home:		Cell:		Name:		
Work:		Other:		Number:		
Email Address:			Provincial Health Card Number: (9 digit)			
All known allergies (to assist with food preparation, please fill out completely)						
List all medications						
Does your child have any special needs or assistance requirements:						
In the event of an emergency, do you authorize a Vagabond Theatre representative to seek emergency medical treatment for your child						
Volunteer on (Day(s))	Monday	Tuesday	Wednesday	Thursday	Friday	
Do you consent to the use of your child's photograph in Vagabond Theatre Company Promotional material						
To pay by Credit Card				Card Holder Signature		
Card Number						
Exp Date _____.						
Tuition includes 30 hours professional instruction, snacks, t-shirt					<b>\$200.00</b>	
<b>SUBTRACT</b> Early Registration if registered by July 16, 2018				-\$10.00		
<b>ADD</b> Lunch option				+\$40.00		
<b>ADD</b> final performance Tickets , All seats RUSH SEATING. All tickets \$5.00				# of tickets		
<b>Total Payment</b>						