

Campers Name		M / F		Date of Birth MM/DD/YYYY	
Parents Name Mom:		Dad:			
Mailing Address: Town:		Province	Postal Code	T-shirt size YOUTH/ADULT Small / Med / Large / x-Large	
Phone numbers where you can be reached while camp is in progress				Emergency Contact	
Home: Work:		Cell: Other:		Name:	
				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:					
For participants 14 and older for Advanced Acting or participants 15 and older for Technical training Please indicate what class you are enrolling in.				<input type="checkbox"/> Play Performance <input type="checkbox"/> Advanced Acting <input type="checkbox"/> Technical training	
In the event of an emergency, do you authorize a Vagabond Theatre representative to seek emergency medical treatment for your child				YES / NO	
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				YES / NO	
To pay by Credit Card Card Number _____ Exp Date _____ CVC _____(3 digit on Back)			Card Holder Signature _____		
Tuition includes 30 hours professional instruction, snacks, t-shirt				\$210.00	
ADD Lunch option				+\$45.00	
ADD final performance Tickets , All seats will be assigned SEATING. All tickets \$5.00 Limited seating available,				# 0	
				Total Payment	