

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:					
In the event of an emergency, do you authorize a Vagabond Theatre representative to seek emergency medical treatment for your child				YES / NO	
Please indicate below the full or part days that you would be able to help out the camp committee					
	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					\$220.00
ADD Lunch option					+ \$50.00
ADD final performance Tickets , All seats will be assigned SEATING. All tickets \$5.00 Limited seating available,					# 0
Total Payment					