

Campers Name			Date of Birth    MMM/DD/YYYY		
Parents Name    Mom:			Dad:		
Mailing Address:			T-shirt size    YOUTH / ADULT		
Town:		Province	Small / Med / Large / x-Large		
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 /dietary concerns (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 or a would be able to help out the camp committee. Payout option below if not able to work any of the days.					
	Monday	Tuesday	Wednesday	Thursday	Friday
Do you consent to the use of your child's photograph in Vagabond Theatre Company Promotional material				YES / NO	
Payment Options					
<input type="checkbox"/> Cheque (Vagabond Theatre Co.) <input type="checkbox"/> etransfer (vagabondtheatreco@outlook.com    PASSWORD to be CAMP)					
To pay by Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> _____					
Card Number _____ Exp Date _____ CVC _____ (3 digit on Back)					
Card Holder Signature _____					
Tuition includes 30 hours professional instruction, snacks, t-shirt (late registrations may not get t-shirt)					\$235.00
<b>A rebate will be given Friday at the Final Performance, if a volunteer day was worked</b>					
<b>ADD Lunch option</b>				\$50.00	
<b>ADD final performance Tickets , All seats will be assigned SEATING. All tickets \$5.00</b> Limited seating available,				# _____ X\$5.00	
<b>Total Payment</b>					