

6-Week Musical Theatre Conservatory Registration Form

Please use one Registration Form per student.

CAMP DATES

June 26-July 28 Monday-Friday, 9a.m.-4p.m.)
 July 31-August 4 (Monday-Friday 1p.m.-8p.m. *)
 *Unknown end time on performance evenings.

PERFORMANCES

Thursday, August 3 at 7:00p.m.
 Friday, August 4 at 2:00p.m. and 7:00p.m.
 Saturday, August 5 at 2:00p.m. and 7:00p.m.
 Sunday, August 6 at 2:00p.m.
COST: \$750 (includes tuition, tshirt, and headshot)

Please note that payment in full (or \$50 nonrefundable deposit) are required to secure your student's place; payment must accompany the Registration Form. By reserving a space, you are committing to pay full tuition by the payment deadline unless you notify Camelot Conservatory, in writing, at least two weeks before the start of camp that you are withdrawing from camp.

DISCOUNT POLICY: Families that enroll an additional sibling may take a \$25 discount for each student enrolled. Payment in full must accompany this registration from to receive a discount.

PAYMENT POLICY: If you do not formally withdraw, in writing, at least two weeks before the start of camp, you are responsible for the full tuition. Our camps have a limited number of spaces available, and all must be filled to make our offerings possible.

REFUND POLICY: A full refund will be given if the camp is cancelled by Camelot Conservatory.

SCHOLARSHIP REQUESTS: Scholarships are available to students who qualify. Scholarship Applications are available through the Camelot Theatre Box Office. This Registration form and the \$50 nonrefundable deposit must accompany the Scholarship Application.

MEDICAL CONSENT AND RELEASE OF LIABILITY:

•I, the undersigned parent or guardian of this student, a minor, do hereby authorize the directors and the instructors of Camelot Conservatory as agents for the undersigned to consent to medical treatment in an emergency. I hereby release and discharge Camelot Conservatory and Camelot Theatre Company from any and all claims for personal injuries.

•I agree that photographs and video of my child taken during camp hours may be used for promotional purposes by Camelot Theatre Company but will not be used by other organizations without additional written consent.

STUDENT/PARENT INFORMATION

Student Name: _____

Birth Date: _____ Age: _____ M/F

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip _____

Evening phone: _____ Daytime phone: _____

Cell: _____ Email: _____

Returning: yes no Age: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to student: _____

Each student will receive a Camelot Conservatory T-Shirt included with the camp tuition.

Please indicate the students size:

____ Child S ____ Child M ____ Child L ____ Child XL
 ____ Adult S ____ Adult M ____ Adult L ____ Adult XL

 Parent/Guardian name (please print)

 Parent/Guardian name signature Date

For Credit Card-Name on card: _____

Card # _____

Expiration/Code/Zip: _____

Signature of Card Holder: _____

Payment by Check: Check Number _____

Return completed form with payment to:
CAMELOT THEATRE COMPANY
 P.O. Box 780
 Talent, Oregon 97540

QUESTIONS:
 Call: (541) 535-5250 ext 102
 E-mail: Conservatory@CamelotTheatre.org