

Olympia Family Theater
Spring Break Camp 2010

M-F 9am-3pm April 5-9th

(Ages 7 - 12) Play will feature each camper in one or more roles.

Performance for families Friday evening

Stories Under the Big Top

by Lorraine Thompson

directed by Jen Ryle

Student Name(s) _____

Birthdate(s) _____ Age(s) _____

Parent/Guardian Name(s) _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ (Circle best phone we can use to reach you during camp hours)

E-mail _____ Check here if you would like to be added to our mailing list.

Other Emergency Contact Name and Phone # _____

Checklist to register:

Registration form

Medical and Liability Consent form

Behavior agreement

Deposit, or check paid in full. (To secure enrollment, please send a non-refundable \$25 deposit for each student. The balance is due before the first class. Refund policy: Full refund if class is cancelled by OFT for any reason.)

_____ \$ 150 total (\$25 of which is the required non-refundable deposit to ensure enrollment)

_____ Additional amount I wish to contribute to scholarship fund

Total enclosed \$ _____

Please Mail forms and check to our business mailing address by March 20th:

Olympia Family Theater

1417 Brawne Ave NW

Olympia WA, 98502

Check here if you are interested in becoming a part of the Volunteer Team at OFT. Help out at camp, usher for shows, make props and costumes. Call or e-mail me at _____

Scholarship Needed (application deadline March 20th- form available on web, or call 570-1638)

(Office Only) ○ Check # _____ Date received _____ Initials _____