

Children's Summer Drama Camp at the PAC
Registration Form
2015

Preferred session: June AM PM

Name: _____ Age: _____

Grade (entering): _____ School: _____

Parents' Names: _____

Address: _____

Home telephone number: _____

Cell phone number: _____

Parents' Work Phone _____

Parents' e-mail: _____

Child's e-mail (if different): _____

Best way to contact parent(s): _____

Emergency Contact: _____

Relationship: _____

Food Allergies: _____

Parent Signature: By signing below, I give permission for my child to participate in PAC's Summer Drama Camp and for my child's name and photograph to be used in print and web based publicity.

Name

Date

Please mail or drop off forms with payment to Rachel Gorenz, Camp Director, 1009 S. Main St., Princeton, IL 61356. Checks should be made payable to The Prairie Arts Council. Thank you for signing up! I look forward to seeing you!