

2024 CAMP TBTS REGISTRATION FORM

Please fill out one registration form per camper.

Camper's Name _____ Age _____ M/F _____

Current School _____ Grade Entering Sept 2024 _____

Parent/Guardian _____

Email _____

Billing Address _____

City _____ State _____ Zip _____

Daytime Phone(s) _____

Medical/Special Needs _____

Allergies, including food and drug _____

If parent/guardian cannot be reached, please notify:

Name _____ Phone(s) _____

If emergency treatment is required, may camp authorities use their own judgment in sending the camper to the hospital or doctor most accessible before parents are reached? YES _____ NO _____

All campers must be fully vaccinated for COVID-19. Please provide a copy of vaccination proof along with registration form.

All employees of Theatre By The Sea are fully vaccinated for COVID-19. Masks may be required.

On a separate sheet of paper, please have the applicant list any prior performance experience and special interests, along with a short paragraph explaining why they want to attend an arts camp.

CAMP TBTS will be held July 22 - August 2 from 9:00am - 4:00pm, Monday through Friday. Most sessions will be held at our rehearsal studio located at 450 Woodruff Avenue in Wakefield, RI. On **Friday, August 2**, campers will participate in a staged musical production of **Disney's FINDING NEMO JR**, which will be presented at **10am, 12pm, and 2pm** on the **Theatre By The Sea** stage, located at 364 Cards Pond Road, Wakefield. Campers will be given two complimentary tickets.

Tuition is \$750 for the session. \$150 deposit due with application. Balance is due by Monday, July 8. For further information, contact the box office at **(401) 782-8587**.

Parent's/Guardian's Signature _____ Date _____

\$150.00 deposit due with registration form.

I would like to use my comp tickets for _____ 10am / _____ 12pm / _____ 2pm

Mail completed registration form to: **PO Box 720, Wakefield, RI 02880**

Or EMAIL: **boxoffice.tbts@gmail.com**

_____ Check Enclosed (Please make checks payable to: **Theatre By The Sea**)

_____ Please charge \$_____ to: _____ Visa _____ MasterCard _____ AMEX _____ Discover

Card # _____ Exp. Date _____

Name on card (print) _____ Sec. Code _____