

## Superior Arts Youth Theater Camps 2016- Enrollment Form

Please check camps:	# of students			
Elementary School Acting Camp June 13-17th from 10 a.m.-12:30 p.m. Ages 8-12	_____	X	\$75=	_____
Middle Acting & Drama Camp June 13-17th from 1-4 p.m. Ages 12-15	_____	X	\$75=	_____
Preschool and Early Elementary School Acting Camp June 20-24th from 10 a.m.-12:30 a.m. Ages preschool-8	_____	X	\$75=	_____
Technical Theatre Camp June 27-July 1 from 1-4 p.m. Ages 10-18	_____	X	\$75=	_____
Shakespeare Acting Camp July 11-15 from 1-4 p.m. Ages 10-18	_____	X	\$75=	_____
Preschool and Early Elementary School Acting Camp August 1-5th from 10 a.m.-12:30 p.m. Ages preschool-8	_____	X	\$75=	_____
Elementary School Acting August 8-12th from 10 a.m.-12:30 p.m. Ages 8-12	_____	X	\$75=	_____
Preschool and Early Elementary School Acting Camp August 15-19th from 10 a.m.-12:30 p.m. Ages preschool-8	_____	X	\$75=	_____
Musical Theatre Camp August 22-26th from 1-4 p.m. Ages 8-1	_____	X	\$75=	_____
TOTAL:				_____

Student Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Email(s): \_\_\_\_\_

Total Due: \$ \_\_\_\_\_

Paid By: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_

Please make checks payable to **Superior Arts Youth Theater**

Date Paid: \_\_\_\_\_

### **CREDIT CARD HOLDER INFORMATION**

Please check credit card type: Visa MasterCard Discover American Express

Credit card number: \_\_\_\_\_ Expiration date : \_\_\_\_\_ / \_\_\_\_\_ ( mm/yy )

CVV # : \_\_\_\_\_ (three digit on back of card)

Exact name as it appears on the credit card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parental Consent**

I, (parent/guardian name) \_\_\_\_\_ hereby authorize my child to participate in the Superior Arts Youth Theater program, including theatre classes, camps, rehearsals and performances. I further authorize making use of any films, photographs or other recordings of these activities for any purpose that SAYT may make or authorize to be made without compensation to my child or me. I also authorize use of my child's name or photograph, video in publicity information pertaining to the performances. This includes radio, television, print, internet (Facebook, YouTube, Twitter, website).

I affirm that I have the authority to sign this consent.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Emergency Contact/Relation to child: \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

**Medical Information:**

Does your child have any allergies? \_\_\_\_\_ List: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Please describe any health problems below that we should be aware of:

Is there anything else that the director should be made aware of?

**Please mail form with payment to:  
Superior Arts Youth Theater  
P.O. Box 741  
Marquette, MI 49855**

Log on to [www.sayt.org](http://www.sayt.org) to register online or for more information.

For more information, please call (888) 785-0512 , visit Superior Arts Youth Theater on Facebook, email [saytheater@gmail.com](mailto:saytheater@gmail.com) or log on to the theatre's website at [www.sayt.org](http://www.sayt.org)

Limited financial aid scholarships are available.

