



**June 27-July 1, 2011**

**8:00am-12:00pm**

**READER'S  
THEATRE**

**COSTUMES**

**Ages 7-13 Welcome!!!**

**\$45 for Playhouse Members**

**\$55 for Non-Members**

**Registration accepted through  
first day of camp – June 27**

**SET  
DESIGN**

**All participants will rotate through all areas of interest!**

**Healthy snacks will be provided.**

**Camp participants will receive a free child ticket to our July  
performance of Charlotte's Web.**

**A Friday night Parent Performance will feature a  
mini-production.**

# Community Playhouse of Lancaster County, Inc. 2011 Summer Drama Camp

Please complete this registration form and mail along with payment to:  
Community Playhouse of Lancaster County, Inc.  
PO Box 1073, Lancaster, S.C. 29721  
Members \$45 Non-members \$55  
Camp will not be cancelled!

**Participant's Name** \_\_\_\_\_ **Gender** \_\_\_\_\_

**Home address** \_\_\_\_\_

**Age** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **Rising Grade** \_\_\_\_\_ **School** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Parent's name** \_\_\_\_\_

**Parent's work and cell numbers** \_\_\_\_\_

**Parent's email address(es)** \_\_\_\_\_

**Please list any drama experience that your child has participated in:**

\_\_\_\_\_

**List the names and phone numbers of the person(s) who will pick up your child**

\_\_\_\_\_

\_\_\_\_\_

**In case of emergency, please contact**

\_\_\_\_\_

**Please list any medical conditions the student may have including food allergies.**

\_\_\_\_\_

I agree that the Community Playhouse of Lancaster County, Inc. is released from liability in connection with medical treatment and unavoidable accidents. The Community Playhouse of Lancaster County, Inc. has permission to use necessary medical measures in the event of an emergency.

I give the Community Playhouse of Lancaster County, Inc. permission to utilize my child's photograph or likeness in camp promotional materials.

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_