Broadway at the Beach

2009 Registration Form
AVALON, NJ

Participant's Name: _____ Cell Phone: _____

Home Address: _____ Home Phone: _____

_____ Summer Phone: _____

Summer Address: _____ Grade completed as of 6/2009: _____

_____

Birthdate: _____

Parent's Names: _____

Email Address: _____

INSURANCE INFORMATION

Company: _____

Policy Number: _____

Insurer's Name: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____

Relationship: _____

THEATER & DANCE EXPERIENCE

_____

_____

_____

CAMP DATES ((circle))

Camp #1

July 20 - 24
5:30pm - 8:00pm

- OR -

Camp #2

August 10 - 14
9:30am - 12:00pm

TEE SHIRT SIZE ((circle))

Youth : S / M / L

Adult : S / M / L

TUITION

Before June 1, 2009 ... $175

After June 1, 2009 ... $185

Checks should be made out to: **Broadway at the Beach**
P.O. Box 92, Phoenixville, PA 19460

HOW DID YOU HEAR ABOUT OUR CAMP?

_____

_____

_____

QUESTIONS, COMMENTS?

Email: **broadwaybeach@aol.com**

I hereby authorize the staff to act to their judgement in any emergency requiring medical attention. I hereby release *Broadway at the Beach* camp and Avalon Elementary School from any liabilities, injuries, or illnesses incurred while at camp.

Parent / Gaurdian Signature: _____ Date: _____