

Campers Name			Date of Birth MMM/DD/YYYY		
Parents Name Mom:		Dad:			
Mailing Address:		Province		Postal Code	
Town:				T-shirt size YOUTH / ADULT Small / Med / Large / x-Large	
Phone numbers where you can be reached while camp is in progress				Emergency Contact	
Home:		Cell:		Name:	
Work:		Other:		Number:	
Email Address:			Provincial Health Card Number: (9 digit)		
All known allergies /dietary concerns (to assist with food preparation, please fill out completely)					
List all medications					
Does your child have any special needs or assistance requirements:					
In the event of an emergency, do you authorize a Vagabond Theatre representative to seek emergency medical treatment for your child				YES / NO	
Please indicate below the part or full days that a family member would be able to help out the camp committee. Registration fee has been increased to cover replacement workers fee, rebate option below.					
	Monday	Tuesday	Wednesday	Thursday	Friday
Do you consent to the use of your child's photograph in Vagabond Theatre Company Promotional material				YES / NO	
Payment Options					
<input type="checkbox"/> Cheque (Vagabond Theatre Co.) <input type="checkbox"/> etransfer (vagabondtheatreco@outlook.com PASSWORD to be CAMP)					
To pay by Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> _____					
Card Number _____ Exp Date _____ CVC _____ (3 digit on Back)					
Card Holder Signature _____					
Tuition includes 30 hours professional instruction, snacks, t-shirt (late registrations may not get t-shirt)					\$230.00
SUBTRACT A rebate will be given Friday at Final Performance, if a volunteer day was worked					
ADD Lunch option				+ \$55.00	
ADD final performance Tickets , All seats will be RUSH Seating. All tickets \$5.00				# _____ X\$5.00	
Total Payment					