

## ACT's 2010 Magic Theatre Summer Academy

**Mini Session:** Wed-Fri, June 15-17 – 10am-4pm daily - \$150

**Full Session:** Mon-Fri, July 12-16 – 10am-4pm daily - \$200

**Full Session 2:** Mon-Fri, Aug 2-6 – 10am-4pm daily - \$200

Name:		
Age:	Date of birth:	<i>(Must be NINE (9) by start of camp)</i>
Mailing address:		
Phone number:		
Parent(s) name(s):		
Parent(s)' home	work	cell
contact numbers:		
Email:		
Emergency contact person & phone number:		

I \_\_\_\_\_ consent to have \_\_\_\_\_ participate in **ACT's Magic Theatre**  *Mini Session*, or  *Full Session 1 or 2*. I understand that this program is an educational, learning experience and may provide special performance opportunities above and beyond the scheduled hours. I also understand that my child is participating *voluntarily*, and that ACT is **not** a *childcare* facility and provides **no** *childcare services*.

Parent	Date
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Please note any health concerns, schedule conflicts, or other situations that may effect this student's participation in Magic Theatre on the back of this form. Thank you.

None;  See back of form.

Make checks payable to ACT.

Payment type:  Mastercard;  Visa;  Other \_\_\_\_\_