

## ACT's 2008 Magic Theatre Summer Academy

**Mini Session:** Tue-Thu, June 17-19 – 10am-4pm daily - \$150

**Full Session:** Mon-Fri, July 21-25 – 10am-4pm daily - \$250

*\*Note: \$25 discount if paid prior to 5/23/2008!*

Name:	
Age:	DOB:
Address/Zip	
Phone number:	
Parent's name(s):	
Contact phone number(s): work	cell
Emergency contact person/phone:	

I \_\_\_\_\_ consent to have \_\_\_\_\_ participate in **ACT's Magic Theatre**  *Mini Session* or  *Full Session*. 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
--------	------

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 \_\_\_\_\_