

Life of the Party

First Christian Church of Freedom

Summer Theater Camp Registration Form

July 30th - August 3rd 2018

Child's Name _____ Age _____

Name of Parent or Guardian _____

Phone # during camp hours _____

Mailing Address _____

E-mail address _____

Alternate contact in case of emergency _____ phone # _____

Allergies or Food intolerances? _____

Medical conditions we should know about? _____

Child's physician _____ phone # _____

Insurance information _____

Do we have your permission to obtain medical treatment in case of an emergency? _____

Signature of parent or legal guardian _____

Clothing size (for costumes) _____

Do we have your permission to use camp photos that include your child on our Church Website? _____ In the local newspaper? _____ Initials _____

A rehearsal CD will be mailed to you as registration forms are received. Please learn the songs as best you can before camp begins. This way we will have more time to learn movement, block scenes and work on acting. For additional information call Carolyn Olzerowicz at (603) 569-5711 or email at colzerowicz@gmail.com. Church office phone # is (603) 539-6484.

Please return this form as soon as possible along with \$15 cash or check made out to FCCF, memo Theater Camp to:

The First Christian Church of Freedom
PO Box 502 Freedom, NH 03836