



# **Summer Camp Registration Form**

## **July 6-16**

Name(PRINT)\_\_\_\_\_Age:\_\_\_\_\_ DOB: \_\_\_\_\_

Cell Phone:\_\_\_\_\_E-Mail: \_\_\_\_\_

Voice Part: S\_\_A\_\_T\_\_B\_\_ Range\_\_\_\_\_ To \_\_\_\_\_

Previous roles: \_\_\_\_\_

Any other Singing or Dance Experience:

\_\_\_\_\_

Would you accept a boys role? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be interested in any off stage roles: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, your interest:\_\_\_\_\_

Parents names and Contact info:

\_\_\_\_\_