

Camerata N	lusica	l Theatr	e Camp		
Date of Application					
Last Name				First Name	
Birth Date		Ge	nder	☐ Male	
Age during camp					
Grade in Fall 2020	○ 4th ○ 9th	<ul><li>○ 5th</li><li>○ 10th</li></ul>	<ul><li>○ 6th</li><li>○ 11th</li></ul>	<ul><li>○ 7th</li><li>○ 12th</li></ul>	○ 8th ○ 12th+
Camper's E-mail Address					
Current Residence	ce Informa	ation			
Street Address					]
Street Address Line 2	2				
City					
State			Zip Code		
Home Phone Number				$ \mathcal{T} $	
Camper's T-Shirt Size (sizes available: CM, AS, AM		(L)		4	

Parent 1  Last Name First Name  Street Address (if different)  Street Address Line 2  City State Zip Code  Cell Phone Number  Work Phone Number  Parent 2  Last Name First Name  Street Address (if different)  Street Address Line 2  City State Zip Code  Cell Phone Number	Parent Information	1
Street Address (if different)  Street Address Line 2  City  State  Cell Phone Number  Work Phone Number  Parent 2  Last Name  Street Address (if different)  Street Address (if different)  Street Address Ciff different)  Street Address Line 2  City  State  Cell Phone Number  Work Phone  Work Phone	Parent 1	
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City  State Zip Code  Cell Phone Number  Work Phone Number  Parent 2  Last Name First Name  Street Address (If different)  Street Address Line 2  City  State Zip Code  Cell Phone Number  Work Phone		
State Zip Code  Cell Phone Number  Work Phone Number  Parent 2  Last Name First Name  Street Address (If different)  Street Address Line 2  City  State Zip Code  Cell Phone Number  Work Phone	Street Address Line 2	
Cell Phone Number  Work Phone Number  Parent 2  Last Name First Name  Street Address (If different)  Street Address Line 2  City State Zip Code  Cell Phone Number  Work Phone	City	
Work Phone Number  Parent 2  Last Name  Street Address (If different)  Street Address Line 2  City  State  Zip Code  Cell Phone Number  Work Phone	State	Zip Code
Parent 2  Last Name First Name  Street Address (If different)  Street Address Line 2  City Zip Code  Cell Phone Number  Work Phone	Cell Phone Number	
Last Name  Street Address (If different)  Street Address Line 2  City  State  Zip Code  Cell Phone Number  Work Phone		
Street Address (If different)  Street Address Line 2  City  State  Zip Code  Cell Phone Number  Work Phone		
(If different)  Street Address Line 2  City  State  Zip Code  Cell Phone Number  Work Phone		First Name
City State Zip Code Cell Phone Number Work Phone		
State Zip Code  Cell Phone Number  Work Phone	Street Address Line 2	
Cell Phone Number  Work Phone	City	
Work Phone	State	Zip Code
	Cell Phone Number	

## **Emergency Contact Information**

This should be a person who is familiar with the camper and is available to come and get the camper in the unlikely event that parents cannot be contacted. Campers will not be released to anyone not listed on this application form or without prior written permission.

Last Name	First Name				
Relationship to Camper					
Phone Number					
Media Release					
Photos will not be released to the general public with any identifying information. If used, photos will be strictly for brochure, website or program use only.					
I give permission for Frederick Camerata Summer Musical Theatre Camp to use pictures which may include my child for media purposes, such as show publicity or on the Camerata Camp's website.					
Parent Signature					
Date					

## **Fees**

Camp fees are \$325 per two week session (paid prior to June 1st). Campers will be expected to provide their own lunch, water bottle, costumes (information will be given during first week of camp), and incidental items, such as props, etc. A visit to the nearby ice cream shop is often scheduled at the end of the first week (optional - camper's own expense).

CAMP FEES ARE EXPECTED TO BE PAID IN FULL AT TIME OF REGISTRATION. Registration fees (minus \$50 handling) are refundable prior to May 15th.

NOTES: After June 1st, registration fees will be \$340 per two week session.

Registration fees may be paid by mail - please send payment to:

Camerata Summer Musical Theatre Camp 2038 Firetower Road Ijamsville, MD 21754

Payment Form - Pleas	e attach payment here	
Camper Name		
Date:		
Amount Paid		
OFFICE USE ONLY Date registration processed:		
Note:		