Three Chicks & a Stage Summer Theatre Camp at Watson Civic Center Registration Form

Cost: \$50

Monday, June 10 – Friday, June 14, 2024

8am to Noon



Last name	First name		
Street Address	City	State	Zip
Grade last attended in school	Guardian / Parent email		
How did you hear about Three Chick	xs & a Stage Theatre Camp?		
CONTACT INFORMATIO	N		
Contact #1: OK to drop off and pick		No	
Name	Daytime Phone	Home Phone	Cell Phone
Contact #2: OK to drop off and pick	a up camper? ☐ Yes ☐	No	
Name	Daytime Phone	Home Phone	Cell Phone
lease list all allergies, including food articipation	allergies/sensitivities and/or	physical limitations t	hat may affect
authorize Three Chicks & a Stage (3CS) to ertifies that my child is medically cleared to within the Camp while they are enrolled in swith my consent and in consideration of the astruction, services, facilities and other assisticcept all of the risks and responsibilities in cheatre Camp, and hereby release 3CS (and anjury or harm to my child or from damage to will be issued if my child fails to show up for	participate in the 3CS Theatre aid Camp. My child's photograp acceptance of and participation stance to be provided to my child any way associated with the actifits board) from any and all liabits or property in connection with su	Camp and to participate in the may be used for future by my child in the 3CS TI d as part of such program wities engaged in by my clity, claims and actions that activities. I also under	n all the activities promotional materials heatre Camp and the . I agree to assume and child as part of the 3CS at may arise from
arent Signature		Date	

PAYMENT

Please make check out to Three Chicks & a Stage.

Form and payment can be mailed to 1005 Cardinal Drive, Effingham, II 62401. Please mail BEFORE June 4th. Alternatively the completed form can also be returned via email attachment sent to monique@3chicksandastage.com. Parent signature and payment in full will be made upon arrival to camp for emailed registration forms. If you are paying for multiple campers with one payment, please indicate all the campers the payment will cover when you make your payment.

FOR OFFICE USE ONLY				
Camper Last Name	Camper First Name			
Cash				
Check				
Date received:	Amount Paid:	Balance Paid:		
Name on Check:		_		
ATTENDANCE				
June 10				
June 11				
June 12				
June 13				
June 14				