

## Three Chicks & a Stage

**GRADES 2 - 5**

**2025 Summer Theatre Camp at Watson Civic Center**

**Registration Form**

**Cost: \$50**

**Monday, June 9 – Friday, June 13, 2025**

**8am to Noon**



**STUDENT** *(One camper per form please)*

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Grade last attended in school

\_\_\_\_\_  
Guardian / Parent email

How did you hear about Three Chicks & a Stage Theatre Camp? \_\_\_\_\_

### CONTACT INFORMATION

**Contact #1:** OK to drop off and pick up camper? ☐ Yes | ☐ No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

**Contact #2:** OK to drop off and pick up camper? ☐ Yes | ☐ No

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

Please list all allergies, including food allergies/sensitivities and/or physical limitations that may affect participation

\_\_\_\_\_  
I authorize Three Chicks & a Stage (3CS) to contact the people named above if necessary; further, this signed statement certifies that my child is medically cleared to participate in the 3CS Theatre Camp and to participate in all the activities within the Camp while they are enrolled in said Camp. My child's photograph may be used for future promotional materials with my consent and in consideration of the acceptance of and participation by my child in the 3CS Theatre Camp and the instruction, services, facilities and other assistance to be provided to my child as part of such program. I agree to assume and accept all of the risks and responsibilities in any way associated with the activities engaged in by my child as part of the 3CS Theatre Camp, and hereby release 3CS (and its board) from any and all liability, claims and actions that may arise from injury or harm to my child or from damage to property in connection with such activities. I also understand that no refund will be issued if my child fails to show up for Camp or adhere to the code of conduct.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**PAYMENT**

Please make check out to **Three Chicks & a Stage**.

Form and payment can be mailed to 1005 Cardinal Drive, Effingham, IL 62401. Please mail BEFORE June 4<sup>th</sup>.

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**

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Camper Last Name

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Camper First Name

\_\_\_\_ Cash

\_\_\_\_ Check

Date received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Balance Paid: \_\_\_\_\_

Name on Check: \_\_\_\_\_