

★☆☆ SUMMER CAMP REGISTRATION

Complete information below (separate form for each registrant) and return with payment to:
 Fantasy Playhouse Children's Theater & Academy, 3312 Long Ave., Huntsville, AL 35805 or Fax to 256-539-6835

Did You Know?
 You can register online at
www.FantasyPlayhouse.com

CAMP SELECTION	
Full Day Camps	
Hello Broadway	\$250
Marvelous Heroes	\$250
Mystery Madness	\$250
Fractured Fairy Tales	\$250
2-Day Mini Camps	
Princess Training Academy	\$100
SuperBUGS!	\$100
Camp Comedy Improv	\$100
Sketch Comedy	\$100
Jedi Knights & Space Princesses	\$100
Star Wars on Stage	\$100
A Wrinkle in Time	\$100
Showcases	
Captain Fantastic!	\$250
Wacky Wonka Mania	\$250
Willy Wonka Jr.	\$475
Half Day Camps	
Barnyard Dance	\$145
The Mouse is in the House	\$145
Pixie Hollow	\$145
If You Give a Mouse a Cookie	\$145
Pete the Cat	\$145
Dr. Seuss Stories	\$145
Goblins, Witches and Trolls Oh My!	\$145
Under the Sea	\$145
Magic Treehouse	\$145
Junie B. Jones	\$145
Acting for the Camera	\$160
HamilKIDS	\$145
Special Stages June 18-22	\$160
Special Stages July 16-20	\$160

CAMPER INFORMATION	
Full Name (of Camper) _____	
Name (for nametag) _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age _____	DOB _____
New Student to FPCT? <input type="checkbox"/> Y <input type="checkbox"/> N	
School Currently Attending _____	Fall 2018 Grade _____
So that we may better serve you, please inform us of any allergies and/or physical, developmental or cognitive disabilities: _____	
How did you hear about Fantasy Playhouse: _____	
Each student receives a FREE t-shirt (check one): Youth: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	

PARENT/GUARDIAN INFORMATION	
Name _____	Relationship _____
Address _____	City, State, Zip _____
Home Phone _____	Cell _____
Email Address* _____	<i>*Important! Required for confirmation purposes!</i>
List person(s) responsible for pick-up:	
Name _____	Cell _____
Name _____	Cell _____
Does anyone in your household have military affiliation? Please check all that apply:	
<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reserve
<input type="checkbox"/> Civil Servant	<input type="checkbox"/> Government Contractor

TUITION	
Total Tuition	\$ _____
Early Bird Discount* (\$10 off per child per camp)	\$ _____
Season Subscriber Discount (\$5 off per child)	\$ _____
Total Amount Enclosed	\$ _____
<small>*Early Bird Discount applies to registrations received by May 1, 2018</small>	

PAYMENT	
<input type="checkbox"/> Check enclosed (make payable to "FPCT")	
Credit Card:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> Amex
Name on Card	_____
Account #	_____
Exp. Date	_____ CVV _____
Cardholder Signature	_____

RELEASE AGREEMENT

Although every effort is made to provide a safe environment, Parent/Guardian should recognize that there is always a risk of accident. Parent/Guardian agrees to be responsible for any medical bills incurred resulting from illness or injury during child's participation in Fantasy Playhouse Children's Theater & Academy programs. Families are expected to carry their own accident and medical insurance and agree to hold harmless Fantasy Playhouse Children's Theater & Academy from any and all liability and/or claims or damages arising out of personal injury of any kind. If necessary, Parent/Guardian authorizes Fantasy Playhouse Children's Theater to administer first aid and/or authorize medical treatment for program participant.

I have read and understand all program information, and hereby grant permission for the child named above to participate in the Fantasy Playhouse Children's Theater & Academy programs.

Parent/Guardian Signature _____ Date _____