

Soo Theatre/STARS Summer Camps 2018

(Please print)

Student Information:

1st Student Name: (Last) _____ (First) _____

If the student is under 18 years of age: Age _____ Birth Date ____/____/____ Gender M F

1st Class/Camp _____ 2nd Class/Camp _____

T-shirt Size (circle one): Youth Small Youth Med Youth Large Youth XL
Adult Small Adult Med Adult Large Adult XL

2nd Student Name: (Last) _____ (First) _____

If the student is under 18 years of age: Age _____ Birth Date ____/____/____ Gender M F

1st Class/Camp _____ 2nd Class/Camp _____

T-shirt Size (circle one): Youth Small Youth Med Youth Large Youth XL
Adult Small Adult Med Adult Large Adult XL

3rd Student Name: (Last) _____ (First) _____

If the student is under 18 years of age: Age _____ Birth Date ____/____/____ Gender M F

1st Class/Camp _____ 2nd Class/Camp _____

T-shirt Size (circle one): Youth Small Youth Med Youth Large Youth XL
Adult Small Adult Med Adult Large Adult XL

4th Student Name: (Last) _____ (First) _____

If the student is under 18 years of age: Age _____ Birth Date ____/____/____ Gender M F

1st Class/Camp _____ 2nd Class/Camp _____

T-shirt Size (circle one): Youth Small Youth Med Youth Large Youth XL
Adult Small Adult Med Adult Large Adult XL

Summer Camp T-shirts are included as part of your tuition.

Parent/Guardian Information:

Parent(s) /or Person responsible for payment of fees _____

If not a parent, relationship to student _____

Mailing Address _____ City/State/Zip _____

Home Phone# () _____ Cell# () _____ Work# () _____

Email _____

Including email gives STARS permission to send event notices and upcoming class or camp information

Alternate contact person _____ Phone _____ Relationship _____

In case of an emergency

Remarks (Special Needs or Medical Conditions we should know about, including food allergies)

Parent Signature: _____ Date: _____

To be completed by office staff

Camp Tuition #1 \$ _____

Camp Tuition #2 \$ _____

Camp Tuition #3 \$ _____

Camp Tuition #4 \$ _____

Total Tuition \$ _____

Total payments received: \$ _____

_____ Credit Card _____ Cash

_____ Check #

Office Staff Initials: _____ Date: _____