Theatre summer camp registration form

Student information
Name:__________ Birthdate:__________

gender

race

church affiliation

School grade (entering)

Street Address:

city:__________ state:__________ zipcode:__________

home phone

cell phone

email address:

Calvin College is committed to providing access and reasonable accommodations for individuals with disabilities. Please indicate your request for an accommodation and also contact the camp administrator, Debra Freeberg.

Parent/Guardian Information
Name:__________

Relationship to student

Street Address:

city:__________ state:__________ zipcode:__________

home phone

cell phone

email address:

Alternate contact information in case of emergencies:
Signature of Parent/guardian

Dated

**Communication**

How did you learn about this camp? Check all that apply.
- School
- Word of mouth (friends, recommendations)
- Church
- Calvin camp website
- CAS/Theatre website
- Camp flyer/brochure

Did any of the following reasons contribute to your decision to select this camp? Check all that apply
- Geographic location
- Christian Identity of the college
- Level of instruction
- I was interested in a camp at Calvin
- My child came to camp with a friend

Do you give permission for photos of your child to be taken and used for publicity in future? Y N

**Background**

Have you any theatre experience? Briefly describe

For musical theatre camp students:

What is your vocal range: Bass, Baritone, Tenor, Alto, Second Soprano, Soprano

Do you play any instruments?

For Improv campers:

Any Improv experience? Briefly describe