

Surflight Theatre 2024 YOUTH Musical Theatre Program Registration Form

Name of Student: _____

Age: _____

Name of Parent or Guardian: _____

Permanent Address: _____

Summer Address: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name & Phone Number: _____

Any allergies/medical conditions we should know about _____

Please circle the age group of your child: 6-8 years of age 9-12 years of age

Please circle the 7-day camp session or sessions you would like to register for:

July 14-20

July 21-27

July 28-Aug 3

Aug 11-17

There are separate sessions for each age group. Registration Fee is \$350 per week. **Payment in full is due with your application.** Tuition may be paid by check, cash or credit card. Please indicate method of payment below:

CHECK ENCLOSED: CHECK # _____ AMOUNT ENCLOSED _____

CASH ENCLOSED: AMOUNT ENCLOSED _____

CREDIT CARD INFORMATION:

Card # _____ Exp. date _____

Security Code _____

Classes are from 8:00am to 10:00am each day, Sunday to Saturday. Students should come prepared to move/dance and a small notebook and pencil. We are so happy you will be joining us this summer!

Please return form and fee to: Surflight Theatre, P.O. Box 1155, Beach Haven, NJ 08008

Questions? Please contact Paula Sloan, Director of Education at: paula@surflight.org