



WPA Studio Summer Camp Registration Form

General Information

Camper's Name: _____ T-shirt Size: _____

Age: _____ Date of Birth: _____ Grade(School Year 22-23): _____

Address: _____

Parent Name(s): _____

Parent E-Mail Address(es): _____

(Any email you want listed on the communication for camp & the show please list above)

Parent Phone Numbers: _____

List any dates of camp that you would miss between July 18-22 & July 25-29

Payment Options:

_____ Full Payment of \$250 at time of Registration

_____ Down Payment of \$150 due at time of Registration, \$100 due a week before camp (July 11th)

Actor Signature: _____

Date: _____

Parent Signature: _____

Date: _____