

HALE CENTRE THEATRE SUMMER 2010 PERFORMING ARTS DAY CAMP  
APPLICATION/REGISTRATION  
PLEASE USE ONE APPLICATION FOR EACH STUDENT ENROLLED

Student's Name \_\_\_\_\_

Age (this summer) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

T-SHIRT SIZE (circle one) Child S M L Adult S M L

**SESSION DATES DESIRED (If half day, please write AM or PM):**

\_\_\_\_\_ Session 1: June 14<sup>th</sup> to June 25<sup>th</sup> (Showcase June 25<sup>th</sup> at 1:00 pm)

\_\_\_\_\_ Session 2: July 19<sup>th</sup> to July 30<sup>th</sup> (Showcase July 30<sup>th</sup> at 1:00 pm)

\_\_\_\_\_ Session 3: August 2<sup>nd</sup> to August 13<sup>th</sup> (Showcase August 13<sup>th</sup> at 1:00 pm )

Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_  
(if not mother or father)

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TUITION: Full Day \$385.00 per session \$355.00 repeat/family discount (per student)

Half Day \$235.00 per session \$215.00 repeat/family discount (per student)

The repeat discount is given for students attending more than one session during the same summer.

**PAYMENT:** We accept all major credit cards, checks, or cash (in person only). FULL PAYMENT MUST BE RECEIVED TEN DAYS PRIOR TO EACH SESSION. Refunds will be given up to ten days before the start of the desired session. Thereafter, no refund will be made unless the student's place can be filled from our waiting list or the student's doctor writes an explanation of the student's illness or injury that prevents his/her coming to the school as enrolled.

METHOD OF PAYMENT: CASH \$ \_\_\_\_\_ CHECK (amount enclosed) \_\_\_\_\_

CREDIT CARD NO. \_\_\_\_\_ EXP. DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

We, the undersigned parents/guardians of \_\_\_\_\_, hereby apply to enroll this student in HALE CENTRE THEATRE'S PERFORMING ARTS SCHOOL. In so doing, we acknowledge that we have read and agree to the guidelines ([See DAY CAMP GUIDELINES LINK](#))

\_\_\_\_\_  
PARENT'S/GUARDIAN'S NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PARENT'S/GUARDIAN'S NAME

\_\_\_\_\_  
SIGNATURE

Please return this form to Tracy at Hale Centre Theatre 3333 S. Decker Lake Dr., WVC, UT 84119 by mail, by email at [tracy@halecentretheatre.org](mailto:tracy@halecentretheatre.org), or by fax at (801) 984-9009 at least ten days before each session. Registrations are first-come-first-served.