

Broadway Bound Youth Theatre Foundation Summer Camp Registration Form "Pinocchio, Groovey, Cinderella"



Student First Name _____ Last Name _____
 Date of Birth _____ Month ____ Day ____ Year ____ Current Age _____ Email _____
 School _____ Grade _____ Teacher _____ Phone _____

Sibling Name _____ Last Name _____
 Date of Birth _____ Month ____ Day ____ Year ____ Current Age _____ Email _____
 School _____ Grade _____ Teacher _____ Phone _____

Special Needs: Yes ___ No ___ If yes, you will need to advise BBYT of your child's special needs, so we can make their BBYT experience positive and memorable.

Father's First/Last Name _____ Mother's First/Last Name _____
 Mailing Address _____ City, State, Zip _____
 Father's Cell _____ Mother's Cell _____ Emergency Phone _____
 Home Phone _____ Work Phone _____ Other Phone _____
 Parent Email _____ Student Email _____
 Parent Occupation (optional) _____ Has parent been in Theatre productions before? ___ Yes ___ No

I would like to register my child/children for the following camp/camps:

	<p>June 29 - July 10, 2009 1st Week of Camp Monday - Thursday, June 29-July 2, 2009 2nd Week of Camp Monday - Thursday, July 6-9 and 7pm Performance on Friday, July 10</p>
	<p>July 13 - July 24, 2009 1st Week of Camp Monday - Thursday, July 13 - 16, 2009 2nd Week of Camp Monday - Thursday, July 20 - 23 and 7pm Performance on Friday, July 24</p>
	<p>July 13 - July 24, 2009 1st Week of Camp Monday - Thursday, July 27 - 30, 2009 2nd Week of Camp Monday - Thursday, August 3-6 and 7pm Performance on Friday, August 7</p>

Please print, fill out and mail your registration forms to: BBYT, P.O. Box 502224, SD, CA 92150, re: CAMPS
Registration Fees: \$325 per child, sibling discounted Fee \$300
Camp Location: Creekside Plaza Community Room, 13495 Poway Rd, Poway 92064
Performances: RB High Performance Center, Rancho Bernardo, 13010 Paseo Lucido, SD 92128
 BBYT has a no refund policy, with the exception of family emergencies.

Please Fill Out Your Payment Method (we can only accept Visa and MasterCard, check or cash payments)
REGISTRATION DEADLINE is Monday, June 15, 2009, thank you.

___ Visa ___ MasterCard **Expiration Date:** ___/___/___ **Amount:** \$ _____ **3 Digit Code on Backside of Card** _____
Name on Card: _____ **Credit Card #** _____
Billing Address of Card _____ **Zip Code of Billing Address** _____
 If paying by Check, please provide the following **Check #** _____ **Check Amt:** \$ _____
 PARENT SIGNATURE _____ Date ___/___/___ STUDENT SIGNATURE _____ Date ___/___/___

Need Help or Questions Answered, please Call BBYT at (858) 254-5221 or visit us at www.broadwayboundyouth.org