

**Registration Form** Summer Theater

**Student Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies or other medical issues \_\_\_\_\_

\_\_\_\_\_

**Summer Camps (use back if more room is needed!)**

Camp Name	Dates	Tuition
1 _____	_____	\$ _____
2 _____	_____	\$ _____
3 _____	_____	\$ _____
		<b>Total</b> \$ _____

Please send the total amount, and make check payable and mail to:

The Port Townsend Children's Theater (PTCT)  
1540 22nd St.  
Port Townsend, WA, 98368