

Registration Form The Chameleon Theater Summer Camps 2016

Student Information

Last Name _____ First Name _____

Parent's Name _____

Address _____ City _____ State _____

Zip _____ Phone _____ E-mail _____

Date of Birth _____ Allergies or other medical issues _____

Class Information

Class Name _____ Day _____ Tuition \$ _____

Make check payable to: The Port Townsend Children's Theater (PTCT)