

LEVOY THEATRE

SUMMER THEATRE CAMP!

REGISTRATION FORM

(Please print neatly. If you are registering more than one child, please complete a separate form for each child you are registering.)

Child's Name: _____ Child's Age: _____

Parent/Guardian Name: _____ T-Shirt Size: XS S M L XL

Address: _____

Parent/Guardian Phone: _____ Email: _____

TEEN PERFORMANCE DIVISION (Ages 13 – 18) \$325
July 7 – 25 (Monday – Friday, 9:30-3:30) with showcases on Saturday, July 26th
Students will participate in workshops in various areas of theatre including improv, staging, vocal performance, choreography, set design and technical classes; and will rehearse for a full staged performance including music and choreography. Students in this division must be available to attend all 3 weeks of camp and the showcase day.

YOUTH PERFORMANCE DIVISION (Ages 8 – 12) \$325
July 7 – 25 (Monday – Friday, 9:30-3:30) with showcases on Saturday, July 26th
Students will participate in workshops in various areas of theatre including improv, staging, vocal performance, choreography, set design and technical classes, and will rehearse for a full staged performance including music and choreography. Students in this division must be available to attend all 3 weeks of camp and the showcase day.

WORKSHOP DIVISION (Ages 8 – 18) \$120 per week
July 7 – 25 (Monday – Friday, 9:30-3:30) – your choice of 1-2 weeks
Students will participate in workshops in various areas of theatre including improv, staging, vocal performance, choreography, set design and technical classes. This level is designed for students who cannot attend all three weeks of camp.
My Child Will Attend (circle one or two): Week 1 Week 2 Week 3

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| DIVISION COST: _____ | \$50 deposit due with return of this completed form. |
| Early Bird Discount - \$25 (register by April 15 th) | _____ Check enclosed, made payable to Levoy Theatre |
| Family Discount -\$25 (per child) (2 or more children from same family are being registered – each child is entitled to this discount!) | _____ Charge my credit card: Visa MC AmEx Disc |
| TOTAL COST: _____ | CC#: _____ |
| | Sec Code: _____ Exp: ____/____ |
| | Balance of total cost will be due by June 16th. |

Please return this completed form by mail to Levoy Theatre, PO Box 678, Millville, NJ 08332, Attn: Summer Camp or stop by our box office Tuesday – Saturday 10AM to 6PM. Do not mail cash.

Questions or comments? Please call us at 856-327-6400.