

Tal Lostracco's Summer Theatre Camp at Southwestern University

Application

Camper's Full Name _____

If you liked to be called by your middle name please circle it

Gender Male Female

please circle

Focus of study Acting Tech

please circle

Grade classification for next school year Freshman Sophomore Junior Senior

please circle

High School You Will Be Attending Next Year

Camper's Email _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____

Camper's Cell Phone: _____

Roommate Preference _____

If you know someone who is attending

Parents/Guardians Names _____

Parent Email: _____

Parent Work Phone: _____

Parent Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Health Insurance Provider: _____

Doctor's Name: _____

T-Shirt Size S M L XL XXL XXXL

Included in tuition- Circle one - Sorry no youth sizes

How did you hear about the camp? _____

Does the camper have any health conditions that the staff should be made aware of that might limit their full participation? _____

I understand the camper may be cast as a character of a different culture, age or gender _____
please initial

I understand that there are no refunds after the camper has been checked into the camp _____
please initial

Parent or Guardian Signature _____ Date _____

Please mail this form and enclose a deposit check for \$450 (made out to Southwestern University Theatre) or a check for the full amount to:

Summer Theatre Camp
Southwestern University
John Ore / Department of Theatre
1001 East University Ave
Georgetown, TX 78626

**Full payment is due July 1st
No refunds after July 1st**