

Tal Lostracco's Summer Theatre Camp Application

Date _____

Full Name _____ **Gender** Male Female
If you liked to be called by your middle name please circle it

Focus Acting Tech

Classification For 2010-2011 School Year _____

High School You Will Be Attending Next Year _____

Campers Email _____

Mailing Address: _____

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

Home Phone: _____

Camper's Cell Phone: _____

Roommate Preference _____
If you know someone who is attending

Camper Info

Parents/Guardians Names _____

Parents Email: _____

Parent Work Phone: _____

Parent Cell Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Health Insurance Provider: _____

Doctor's Name: _____

Parent Info

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? _____

Payment

- By Check** *(made out to Southwestern University Theatre)*
- I have enclosed \$250 Deposit and will make full payment by June 20th
 - I have enclosed a check for the full amount
Summer Theatre Camp

Mail Application

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