



Spokane Valley Summer Theatre Summer Camp Registration

Student Full Name: _____

DOB: _____ Male _____ Female _____

Address: _____

City _____ Zip Code _____ Home Phone: _____

Parent/Guardian: _____ Email: _____

Cell Phone: _____ Work Phone: _____

10:00 A.M. – 12:00 P.M.	<u>Selected Course</u>	
12:00 – 12:30 P.M.	<u>Supervised Lunch</u>	(please bring a packed lunch)
12:30 – 2:00 P.M.	<u>Set Making</u>	

All classes are for students entering grades 2 – 6. ***Summer camp performance** open to family and friends weekly at 1:00 P.M. on Friday. **Set making is included with the camp price.** Students will paint and create their own set and props for the production they are in. Instructors are Austin Burrowes, Emma Larson and Caryssa Murphy. Class sizes are limited to 16-18 students.

#001: The Adventures of Harry Potter (July 10 – July 14) \$170

Harry Potter and his friends spend the day in the Care of Magical Creatures class. What they discover and learn will change their lives forever.

#002: The Wizard of Oz (July 17 – July 21) \$170

Dorothy, Lion and the Tin Man travel to the Emerald City together encountering several obstacles along the way. Can Dorothy find her way back to Kansas?

#003: James and the Giant Peach (July 24 – July 28) \$170

Journey with James and his giant English insect friends as they travel across the Atlantic Ocean to NYC on a giant peach!

Course # _____ Course Name: _____ Fee \$ _____

Course # _____ Course Name: _____ Fee \$ _____

Course # _____ Course Name: _____ Fee \$ _____

Course # _____ Course Name: _____ Fee \$ _____

TOTAL \$ _____

Payment must be made in full at the time of registration. Cancellations will be charged \$25.00 per class.

_____ Cash or check payable to: Spokane Valley Summer Theatre

_____ Pay by credit card as follows: Please bill my: _____ Visa _____ MasterCard _____ Discover _____ PayPal _____

Account #: _____

Expiration Date: _____ Sec. Code _____

Authorized Signature: _____

I have read the Policies of the SVST Summer Camp and agree to abide by all these policies. I agree to honor this enrollment as described above. I also agree to the release of images of myself/my child for Education & Promotional use. I understand that while attending the SVST Summer Camp, my child may be photographed or videotaped for educational and promotional purposes for the sole use by the SVST Summer Camp as follows: catalogue, website, teacher training, grant applications, advertising and etc.

Parent/Guardian Signature: _____ Date: _____