

REGISTRATION FORM: SUMMER 2020

Actor(s) Name _____ Age/Entering Grade: ____ / ____
_____ Age/Entering Grade: ____ / ____

Parent/Guardian _____

Cell _____ Work/HM# _____

Email _____

Mailing
Address _____

Camp Class Title(s) _____

Amount Included \$ _____ Consider a Tax Deductible Donation to WTC \$ _____

Credit card # _____ v-code _____ exp _____

Make checks payable to WTC

I, the undersigned parent or guardian of this student, a minor, do hereby authorize the directors of the summer camps as agents of the undersigned to consent to medical treatment in an emergency. I hereby release and discharge WTC from any and all claims for personal injury. I give my permission for my child's photo to be used for future publicity.

PARENT SIGNATURE _____

Send to: Whitefish Theatre Company One Central Ave Whitefish, MT 59937

Call the WTC Artistic Director, Kim Krueger, for more information (862-5371 ext 231) or visit www.whitefishtheatreco.org or e-mail info@whitefishtheatreco.org
