



Registration Form



Student Information

Student Name: _____	Age: _____	Grade (in Fall of '10): _____
School: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Parent/Guardian Information

Parent/Guardian Name (1): _____	Parent/Guardian Name (2): _____
Address: _____	Address: _____
City, State & Zip: _____	City, State & Zip: _____
Home Phone: _____ Work Phone: _____	Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____	Cell Phone: _____ Email: _____

Camp Fees (check session that applies)

<input type="checkbox"/> Session 1 - Grades 2-5 June 21-July 9 Camp Fee: \$950	<input type="checkbox"/> Session 2 - Grades 6-9 July 12-July 23 Camp Fee: \$650	Camp Fee: \$ _____ Tax-Deductable Donation: \$ _____ Total: \$ _____
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Payment Options & Information (a nonrefundable deposit is due with registration)

<input type="checkbox"/> Pay \$100 nonrefundable deposit now, with the balance due May 7 (no refunds after May 28)		
<input type="checkbox"/> Pay full camp fee now (\$100 is nonrefundable – balance is nonrefundable after May 28)		
<input type="checkbox"/> Apply for tuition assistance (please include tuition assistance application with registration form)*		
<input type="checkbox"/> Check Enclosed (payable to <i>142 Throckmorton Theatre</i>)	<input type="checkbox"/> Charge my MasterCard/VISA	
Mail registration form and payment to: 142 Throckmorton Theatre Marin Youth Performers P.O. Box 1058 Mill Valley, CA 94942		
Credit Card Number: _____	Exp. Date: _____	3-digit Security Code: _____
Cardholder's Name: _____	Billing Zipcode: _____	
Cardholder's Signature: _____	Date: _____	
How did you hear about our summer camp? _____		

By registering my child above, I hereby agree to indemnify and hold harmless 142 Throckmorton Theatre and its officers from and against any and all liabilities for any injury which may be suffered by me or my child arising out of or in any way connected with participation in the program noted above. In case of an emergency, my child may be treated by a qualified physician. I give permission to use my or my child's photograph in 142 Throckmorton Theatre's brochures or publicity.

*Contact Adam Saville at adam@142ThrockmortonTheatre.org or call 415-383-9613 for more information.