



## Registration Form

### Student Information

Student Name: _____	Age: _____	Grade (in Fall of '12): _____
School: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

### Parent/Guardian Information

Parent/Guardian Name (1): _____ Address: _____ City, State & Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____	Parent/Guardian Name (2): _____ Address: _____ City, State & Zip: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email: _____
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### Camp Fees (check session that applies)

<input type="checkbox"/> <b>SESSION 1</b> - Grades 2-5 June 18-July 6 <b>Camp Fee: \$995</b>	<input type="checkbox"/> <b>SESSION 2</b> - Grades 6-9 July 9-July 20 <b>Camp Fee: \$695</b>	Camp Fee: \$ _____ Tax-Deductible Donation: \$ _____ <b>Total: \$ _____</b>
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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 11 ( <b>no refunds after May 11</b> )		
<input type="checkbox"/> Pay full camp fee now ( <b>\$100 is nonrefundable – balance is nonrefundable after May 11</b> )		
<input type="checkbox"/> Pay \$100 nonrefundable deposit now and apply for scholarship (please include scholarship application 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: <b>142 Throckmorton Theatre</b> <b>Marin Youth Performers</b> <b>P.O. Box 1058</b> <b>Mill Valley, CA 94942</b>		
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 Steven Hess at [stevenh@142ThrockmortonTheatre.org](mailto:stevenh@142ThrockmortonTheatre.org) or call 415-383-9613 for more information.