



2010 THEATRE CAMP REGISTRATION FORM

Name _____

Age _____ Previous Drama Experience YES NO

Medical problems we should be aware of _____

Session Choice (JR or INT) _____ Date _____

Parent's Name _____

Address _____

Postal Code _____

E-Mail _____

Phone (Home) _____ (Work) _____

PLEASE NOTE

- We reserve the right to cancel or change the schedule at any time.
- Festival Antigonish cannot be responsible for accidents or injuries incurred on its premise.
- Registration form and payment must be received one week before the beginning of class.
- We recommend early registration, as space is limited.

Total enclosed \$ _____ Cheques payable to Festival Antigonish

Please add 13% HST for students over 16. (Add 15% after July 1, 2010.)

VISA MASTERCARD # _____

Signature of Cardholder _____

Mail your completed registration form to: Festival Antigonish, PO Box 5000, Antigonish, NS B2G 2W5