

# GULFPORT LITTLE THEATRE – SUMMER THEATRE CAMP

**Gulfport Little Theatre – July 2 - 20, Mon-Fri 9am to 5pm**

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact name, relationship, and phone number:

\_\_\_\_\_

List any medical conditions or allergies (if none, please note):

\_\_\_\_\_

Please list any medicine(s) that your child will need to take during camp, if any (if none, please note):

\_\_\_\_\_

## COMPLETE THE FOLLOWING AND SUBMIT WITH A CHECK MADE PAYABLE TO GULFPORT LITTLE THEATRE

1. Check dates attending: \_\_\_ Week 1 (July 2-6)\* \_\_\_ Week 2 (July 9-July 13) \_\_\_ Week 3 (July 16-20)  
\*no class on July 4

Cost is \$95 per week or \$260.00 for three weeks. # of weeks x \$95 or \$260 total = \_\_\_\_\_

*\*cost of week one is \$85*

2. 7-9am 'Before Care' available each day at \$10.00 per day. If using, please select days and weeks below:

Week 1 – M T Th F Week 2 – M T W Th F Week 3 - M T W Th F # of Days x \$10 = \_\_\_\_\_

3. T-shirts are \$10 each. Do you wish to purchase a T-Shirt? Y N Size \_\_\_\_\_ # of shirts x \$10 = \_\_\_\_\_

Total Due \_\_\_\_\_

*I, as the parent/guardian, agree to be responsible for any or all damages caused by my child during the course of this event, and I hereby give permission for my child to attend Gulfport Little Theatre's Summer Theatre Camp and to participate in any and all events scheduled. I also agree to hold harmless and release from liability Gulfport Little Theatre, its Board(s), Camp Director(s), counselors, and volunteers for any accident, illness, or injury that may occur as a result of any event related to Gulfport Little Theatre's Summer Theatre Camp. I understand that I am responsible for providing a sack lunch for my child and for picking up my child promptly at 5pm and that additional charges may be incurred for late pickup.*

\_\_\_\_\_  
Signature of Parent/Guardian (Date)

\_\_\_\_\_  
Printed Name – Parent/Guardian

Please mail completed registration forms and payment to Cal Walters 421 Commerce Street, Gulfport, MS 39507.

Questions? Call Cal Walters at 228-547-9825 or email [classes@gulfportlitttletheatre.net](mailto:classes@gulfportlitttletheatre.net)