



1) Check box to select camp.

2) Check box for payment option.

Payment is required to reserve enrollment in summer programs.

Payment can be made in full up front or with a deposit on some programs. Deposit option is subject to a \$40 finance fee in addition to the full price of the program. Entire balance (including any finance fee) must be paid in full by the first day of the program selected.

PAYMENT METHODS (select one)

- CHECK (pay to Commonwealth Theatre Center)
- CREDIT CARD (pay in person)
- ONLINE PAYMENT (invoice sent to your email address, payable by credit card or bank draft, available for payment-in-full only)

Skill-Building Workshops - ages 9-18

| | |
|--|---|
| <input checked="" type="checkbox"/> Creating the Web Series: July 9-20 — Ages 13-18 Instructor: Playwright Diana Grisanti | <input checked="" type="checkbox"/> \$280 full payment up front <input checked="" type="checkbox"/> \$100 deposit + \$220 by start of camp (includes \$40 finance fee) |
| <input type="checkbox"/> Audition Skills: Jul 30-Aug 3 — Ages 9-17 Instructor: Sharon Kinnison | <input type="checkbox"/> \$175 full payment up front (no deposit option available) |
| <input type="checkbox"/> Scene & Song Study: Aug 6-10 — Ages 9-17 Instructor: Sharon Kinnison | |

Preschool Camps - ages 3-5

| | |
|---|---|
| <input checked="" type="checkbox"/> Pigs & the Wolf: Jul 30 - Aug 3 — Meg/Mera <input checked="" type="checkbox"/> Journey to Oz: Aug 6 - Aug 10 — Heather/Meg | <input checked="" type="checkbox"/> \$200 full payment up front <input checked="" type="checkbox"/> \$100 deposit + \$140 by start of camp (includes \$40 finance fee) |
|---|---|

RETURN FORM & PAYMENT TO:

Commonwealth Theatre Center / 1123 Payne Street, Louisville, KY 40204 / enroll@commonwealththeatre.org / fax: 502.589.0225

STUDENT NAME (one form per student) _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

GENDER M / F _____ ETHNICITY _____ SCHOOL (fall 2018) _____ GRADE _____

STUDENT EMAIL _____

MEDICAL / BEHAVIORAL ISSUES

Informing CTC of medical/behavioral issues is crucial to ensuring that sufficient staffing and procedures are in place.

PARENT/GUARDIAN _____ PHONE CELL/HOME (circle one) _____

ADDRESS (if different from above) _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ WORK PHONE _____

PLACE OF BUSINESS _____ POSITION _____

EMERGENCY CONTACT (NON-PARENT) _____ RELATIONSHIP TO CHILD _____

EMERGENCY PHONE _____ EMERGENCY EMAIL _____

HOW DID YOU LEARN ABOUT CTC SUMMER PROGRAMS? (circle all that apply)

TV/Radio Newspaper/Magazine Fair/Booth Social Media Outdoor/Signage Friend Other

PHOTO RELEASE: By signing below, parent consents to and authorizes use and reproduction, by Commonwealth Theatre Center or its agent(s), of any and all photographs and/or video footage it has taken of the enrolled child, for any purpose, without compensation. All negatives, digital files, & prints are and will remain Commonwealth Theatre Center property.

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