



# Broadway Rose Theatre Summer 2010 Drama Camp Application

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Past Theater Experience: \_\_\_\_\_

Camp One - *Aladdin*       Camp Two - *Cinderella*

**Camp One:** ages 8 – 11: July 5 – July 15, 10:00 a.m. – 2:00 p.m., and July 16 – 17, 10:00 a.m. – 12:30 p.m. Campers will appear in the ensemble of *Aladdin*.

**Camp Two:** ages 8 – 11: August 9 – 17, 10:00 a.m. – 2:00 p.m., and August 18 – 21, 10:00 a.m. – 12:30 p.m. Campers will appear in the ensemble *Cinderella*.

**Camp will be held at the Deb Fennell Auditorium, 9000 SW Durham Road, Tigard.  
Drama students should bring water and a brown bag lunch each day.**

The Broadway Rose Theatre Company does not provide medical insurance for any participant in any program offered. I, the undersigned Parent or Guardian of this student, a minor, do hereby authorize the directors and teachers of The Broadway Rose Theatre Company as agents for the undersigned to consent to medical emergency treatment. I hereby release The Broadway Rose Theatre Company and its Board of Directors from any and all claims from personal injuries. I also consent that student's photo or video may be taken and used for any purpose deemed necessary to promote Broadway Rose Theatre's education program without compensation.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Cost is \$225.00       Visa       MasterCard       Discover       Check

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Questions? Call Emma at 503-906-2378**

Mail completed form and payment to Broadway Rose, Attn: Emma, P.O. Box 231004, Tigard, OR 97281