



## Enrollment Form - June Workshops

**Child/Children's Name(s) and Ages:**

<b>Name:</b>	<b>Age:</b>
<b>Name:</b>	<b>Age:</b>

**Contact phone numbers during the Summer Camp sessions (in order of preference)**

<b>1.</b>	<b>3.</b>
<b>2.</b>	<b>4.</b>

**Email Address** (used to verify that enrollment is received and accepted.)

**Session(s) requested**

- ☐ **I Want to Act** (June 23-27) Tuition: \$275 (\$250 if received on or before June 10)
- ☐ **Auditions Scare Me (1)** (June 17-19 - 1-3:30 pm) Tuition \$90 (\$75 if received on or before June 10)
- ☐ **Auditions Scare Me (2)** (June 17-19 - 1-3:30 pm) Tuition \$90 (\$75 if received on or before June 10)

- Please include a check made out to The Phoenix Players.
- or
- If you wish to pay by credit card, we can invoice you via paypal. If you wish to be invoiced, please put your paypal email address below

**Email address for paypal invoicing:**

**Please also fully fill out page two**

**Please list any medical conditions that are important for the camp staff to know about your children or activities that could cause a problem for them doing any of the camp activities, including anything requiring exertion, allergies, etc.**

### **In case of emergency**

Every effort will be made to immediately notify the parents. In the event that medical treatment is needed before the parent can be reached, please check your preference below:

- ☐ I give permission for emergency medical care for my child in the event I or another adult with guardian status over the child cannot be reached.
- ☐ I DO NOT give permission for emergency medical care for my child in the event I or another adult with guardian status over the child cannot be reached.

### **Publicity**

At times we send out pictures of Phoenix Players activities to the newspapers or use them in our flyers. Please check your preference below:

- ☐ I give permission for my child's name, hometown, and/or picture to be used by the Phoenix Players for the above purposes.
- ☐ I DO NOT give permission for my child's name, hometown, and/or picture to be used by the Phoenix Players for the above purposes.

### **Cancellation policy**

#### **Cancellation on or before June 10.**

- Full deposit returned minus a \$10 administrative fee.

#### **Cancellation after June 10 but on or before June 15.**

- If the space is taken by someone on the waitlist, full refund minus a \$10 administrative fee
- If the space is not taken by someone on the waitlist – 75% refund.

#### **Cancellation after June 15.**

- If the space is taken by someone on the waitlist, full refund minus a \$10 administrative fee
- If the space is not taken by someone on the waitlist – no refund. (In case of a medical emergency in the family, refunds will be considered by The Phoenix Players Board upon request and documentation).

I agree to the above described policies and give permission for my child to attend The Phoenix Players Summer Theatre Camp.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this form along with a check made out to The Phoenix Players to:  
The Phoenix Players                      5342 Red Fox Dr.    Brighton, MI 48114.**

You will receive an email confirmation of receipt and status of this application. If you do not receive an email within a week of sending the application, please call 810-588-3662 to check on the status.