## SPRINGFIELD EDUCATION LITTLE DUCATION THEATDE NFPARTMENT



## **REGISTRATION FORM SLT'S "BACK BY POPULAR DEMAND"** A FROZEN FRENZY—July 5-8

Chydaut's Nome.			A ~~.	Doto	of Diagle.	
Student's Name: Grade in September 2016:		Age:Date of Birth: School in September, 2016:				
E-mail address:			in september, 2	2010		
Address:		City:	City:		State: Zip:	
Parent 1 Name:	1 Name:		Phone (home):		Phone (work):	
Parent 2 Name:	Phon		e (home):		_Phone (work):	
	Parent 1 Cell:Parent 2 Cell:					
In case of an emergency, call	<b>:</b>		at			
Allergies or other medical im						
Please print names and relation	onships of those a	authorized to j	pick up children	·		
PROGRAM DESIRED:						
Age Division (Please circle a	appropriate cate	egory):	Are you a return	ning SLT sumi	ner camper?	YES NO
4-5 years old 9:00 a.m11:00 a.m. \$90	6-8 years old :00 a.m4:00 p.m. \$145		9-12 years old 9:00 a.m4:00 p.m. \$145		13-17 years old 9:00 a.m4:00 p.m. \$145	
<b>T-Shirt Size:</b> Child X-Small Child Small (Size 2-4) (Size 6-8)	Child Medium (Size 10-12)		Adult Small	Adult Med.	Adult Large	Adult X-L
A \$60.00 NON-REFUNDAI year olds). The NON-REFU the fees are due on or befor	U <b>NDABLE dep</b> o	sit will be ap	plied toward th	. •		
Morning Supplement—Need 8:00 a.m9:00 a.m. and after Circle Choice(s):				ased to offer a	morning supple	ment from
MORNING SUPPLEMENT:	•		SUPPLEMENT our afternoons	Γ: \$7.50/day	AM & PM	
or \$25 for all four mornings Tues. Wed. Thurs.		Tues. Wed		Fri.		all four days d. Thurs. Fri.
OR Check enclos Springfi	SA/MASTERCARI ed made payable to eld Little Theatre, A nal use only:	Springfield Little	e Theatre. Mail this			