

PLEASE
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13 Church Street - Rockaway, NJ 07866

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SUMMER THEATRE CAMPS Registration

Participant Information

Name: _____ Age: _____
Preferred Name: _____ Gender: Male Female
Address: _____ Identifies as: _____
City: _____ State: _____ Zip: _____
Home Phone: (include area code first) _____
Cell Phone: _____
E - Mail: _____

Parent Information

Parent Contact: _____
Emergency Number: _____
E - Mail: _____
Secondary Contact: _____
Secondary Emergency Number: _____
Secondary E-Mail: _____

Health / Allergies

Health Concerns _____
Known Allergies _____

Complete in full and return to-
BellandBarterTheatre@aol.com

BELL & BARTER THEATRE

13 Church Street - Rockaway, NJ 07866

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Registration

	WEEKS				YES	NO
Week 1	June	26	until	June 30		
Week 2	July	5	until	July 7		
Week 3	July	10	until	July 14		
Week 4	July	17	until	July 21		
Week 5	July	24	until	July 28		
Week 6	July	31	until	August 4		

Fee

First week	1	X	\$ 275.00	=	
July 5 week	1	X	\$ 165.00	=	
<small>(No discount for this week; can not be used as first week)</small>					
Additional weeks	1	X	\$ 220.00	=	
	2	X	\$ 220.00	=	
	3	X	\$ 220.00	=	
	4	X	\$ 220.00	=	
TOTAL					

Complete in full and return to-

BellandBarterTheatre@aol.com

Bell & Barter Theatre (only)

Member I.D. _____

Fee Amount _____

Paid on: _____

Authorized Signature: _____

Date: _____