

TELC Drama Camp 2019 Registration Form

Child's name: _____ Grade: _____

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent / Guardian Cell Phone: _____ Home Phone: _____

Parent / Guardian Email: _____

Emergency Contact: _____ Phone: _____

Medical Concerns / Allergies: _____

Is there anything else we should know about your child? _____

I permit photos of my child to be used in TELC communications and on TELC social media accounts. Yes No

Parent / Guardian Signature: _____ Date: _____