

Please attach photo here



OFFICE USE ONLY
NUMBER:

KidsCamp

Registration Form
August 2010



Information:

Performer Name _____ Male/Female (Circle)

Age _____ Birthdate ____/____/____ Height _____' _____" Weight _____

Parent's Name _____

Mother's Cell _____ Home Phone _____

Father's cell _____ Performer Cell _____

Most Frequently checked Email:

Address: _____

Performer's School _____ Grade in Fall _____

Emergency Contact: _____ Phone _____

Please list your most recent performing experience below (school, dance, church, community theatre)

Date	Show Name	Role	Theatre Company

Mail \$325 payment & registration form to: StarStruck Theatre 43575 Mission Blvd. #616 Fremont, CA 94539

Check # _____ Make payment to: Star Struck Productions

Credit Card # _____ Exp. _____

Name on Card _____ Type Visa/MC

Authorized Signature _____ Date _____

Once payment and registration is received you will be notified by email.