



Summer Program 2012 APPLICATION FORM

HAIRSRAY (June 30th-July 20th 2012) - \$875

HIGH SCHOOL MUSICAL (July 30th-Aug 17th 2012) - \$875.00

Student Name: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

Mother's Daytime Phone: _____

Father's Daytime Phone: _____

Student's Date of Birth: _____

Family Doctor Name & Phone: _____

Important Medical Information: _____

Parent Name (Please Print): _____

Today's Date: _____

Parent Signature: _____

I give my child permission to participate in all activities of the CTP summer program.

Please include two cheques with application: \$200.00* deposit & \$675.00* dated June 1, 2012. Applications can't be processed without the completed form accompanied by both cheques. *HST is included. Make cheques payable to **The Children's Theatre Project**.

Mail to:

The Children's Theatre Project,
9737 Yonge St., Unit 102,
Richmond Hill, ON L4C 1V7

Questions?

Call: 905-883-5853
Email: contact@ChildrensTheatreProject.com
Web: www.ChildrensTheatreProject.com