



Shakesperience Summer Camps Sign Up Sheet

Circle the appropriate camp(s):

Snapdragon Shakesperience
Elem. School students, ages 8-12
Monday-Friday, 9:00-12:00
July 16-27, 2012
\$195

Shakesperience
Mid. School students, ages 12-15
Monday-Friday, 9:00-12:00
July 16-27, 2012
\$195

Advanced Shakesperience
High School students, ages 15-18
July 2012; Date & Time TBA
Fees will be based on the scope
of the program

Student Name: _____ Date of Birth: _____

School: _____ Grade (Fall, 2012): _____

Student Cell Phone and E-mail (if appropriate): _____

Boy Girl

Winter Contact Information:

Parents/Guardians 1: _____

Mailing Address:
(inc. city, state, zip) _____

Phone Numbers: _____

E-mail Address: _____

(If separate household...)

Parents/Guardians 2: _____

Mailing Address:
(inc. city, state, zip) _____

Phone Numbers: _____

E-mail Address: _____

Summer Contact Information (Essential, if different from Winter Contact Information):

Same as Winter? **Y / N** (circle one) - If **no**, then please complete the bottom portion.

With whom will your child be staying this summer? (You? Grandparents? Etc.): _____

Name(s): _____

Mailing Address:
(city, state, zip) _____

Phone Numbers: _____

E-mail Address: _____

Are you able to check your
e-mail in the summer? Y / N

For Office Use:

Amount Paid: _____

Check # _____

Release included?

Registration recorded ?

Please send this form, along with payment and release form to:

Advice To The Players
P.O. Box 14
North Sandwich, NH 03259

Advice To The Players Release Form



On behalf of _____, of whom I am
(Name of Participant)

parent or guardian, I agree to indemnify and hold harmless Advice To The Players, its executive officers, Board of Trustees, agents, employees, faculty and associates from any and all losses, damage suits, claims, costs, medical or other related expenses, demands, judgments or liabilities whatsoever, arising out of or in any way connected with the theater programs of Advice To The Players, particularly regarding any physical injury incurred as a result of participation in the theater program(s), or as a result of Advice To The Players' program(s), and from any resulting medical expenses.

(Parent or Guardian – **please print**)

(Signature)

(Date)

P.O. Box 14
N. Sandwich, NH 03259
contact@AdviceToThePlayers.org
www.AdviceToThePlayers.org

Rebecca Boyden
Executive Director

In case of emergency, whom should we contact **first**? This is very important!

(Name and telephone number)

Board of Trustees:

Jane Brown
Will Cabell
Charlotte Kingham
Martha Nichols
John Rahal Sarrouf

Photos & Video

We often take photos and video footage of participants for the purposes of publicity, grant proposals, news releases, company website, etc.

Does Advice To The Players have your permission to use photos and video footage of your child specifically for the purposes listed above?

Yes

No

Student T-Shirts!

Every student participant gets a very cool t-shirt. Since we order them in advance, we'll need to know what size:

Children's Small

Adult Small

Other? _____

Children's Medium

Adult Medium

Children's Large

Adult Large

Adult X-Large