

2010 Summer Theatre Camp Registration Form



Mail to:
PO Box 47090
750 Goldstream Ave.
Victoria BC, V9B 5T2

www.fourseasonsmusicaltheatre.com

Classes take place at the Isabelle Reader Theatre in Spencer Middle School at 1026 Goldstream Ave., Langford.

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____ Postal Code: _____

Daytime Phone: _____ Evening Phone: _____

Email: _____

2010 THEATRE CAMP FOR AGES 7–13: Weekly Schedule

Time	Mon.	Tue.	Wed.	Thu.	Fri.	Instructor
9:00–10:00am	Dance	Dance	Dance	Dance	Dance	Leah Burley
10:15–11:15am	Voice	Voice	Voice	Voice	Voice	Taylor Winfrey
11:30am–12:15pm	Lunch*	Lunch*	Lunch*	Lunch*	Lunch*	n/a
12:30–1:30pm	Skills	Skills	Skills	Skills	Skills	Various
1:45pm–2:45pm	Acting	Acting	Acting	Acting	Acting	Alexandria Turner
3:00pm–4:00pm	Rehearsal	Rehearsal	Rehearsal	Rehearsal	Rehearsal	n/a

*Students are required to bring their own lunch, healthy snacks, and water.

Please check appropriate boxes below. All classes run subject to registration.

Class Name	Class Times	For Ages	Fee
<input type="checkbox"/> Enrol in Summer Theatre Camp: JULY 5–16	9:00am–4:00pm	7–13	\$370.00
<input type="checkbox"/> Enrol in Summer Theatre Camp: AUG 9–20	9:00am–4:00pm	7–13	\$370.00
<input type="checkbox"/> Enrol in both camps above	9:00am–4:00pm	7–13	\$700.00

- Payment can be made in one or two increments.
- Cash payments can be arranged by email: info@fourseasonsmusicaltheatre.com
- A receipt will be issued for all cash payments.
- Classes are non-transferable/non-refundable.
- All first payments and post-dated cheques are due upon registration.
- Cheques should be made out to "Four Seasons Musical Theatre".
- All NSF checks are subject to a \$25 fee.
- No refunds once classes have started.

My cheque is included.

I will arrange cash payment by email (info@fourseasonsmusicaltheatre.com)

OR REGISTER BY PHONE:
250-478-0329

Cancellation Policy:

All cancellations must be made prior to one week before the class start date. All refund requests must be made in writing.

Collection of Information:

The information you provide is solely used by Four Seasons Musical Theatre. This information will be used to provide you with updates and upcoming events of Four Seasons Musical Theatre. If at anytime you wish to be removed from this mailing list, please send a request in writing to the Board of Directors.

Parent/Guardian Signature: _____

(If you are 18 years of age or under, a parent or guardian must sign giving permission to participate)