YORKTOWN STAGE SUMMER THEATRE WORKSHOPS Summer 2024 CAMP REGISTRATION

MAIL TO: YORKTOWN STAGE, PO BOX 877, YORKTOWN HEIGHTS, NY 10598

WEEK 1 JUNE 24–28	Mon-Fri	9:00am-3:00pm	\$279.00
WEEK 2 JULY 1-3 (no camp 7/4 or 7/5)	Mon-Fri	9:00am-3:00pm	\$170.00
WEEK 3 JULY 8-12	Mon-Fri	9:00am-3:00pm	
WEEK 4 JULY 15-19	Mon-Fri	9:00am-3:00pm	
WEEK 5 JULY 22–26	Mon-Fri	9:00am-3:00pm	
WEEK 6 JULY 29 - AUGUST 2	Mon-Fri	9:00am-3:00pm	
WEEK 7 AUGUST 5-9	Mon-Fri	9:00am-3:00pm	\$279.00
WEEK 8 AUGUST 12-16	Mon-Fri	9:00am-3:00pm	\$279.00
WEEK 9 AUGUST 19-23	Mon-Fri separate form for each child.	9:00am-3:00pm	
Child's Name			
Child's Name:		First	
Date of Birth: Age Today:	Grade Next I	all 2024:	Boy / Girl (Circle)
Name of Primary Parent/Guardian:	Em	ail Address	
Name of Primary Parent/Guardian:	REQUIRED:	Confirmation of Registrat	ion will be sent by EMAIL ONLY
A 11 CD' D $1'$			
Address of Primary Parent/Guardian: Number & Stree Phone Nos. Primary Parent/Guardian: Home (Please Be Su Name of Other Parent/Guardian:	Busi	lown	State & Zip Cell
(Please Be Su	Ire To Add Area Code)		
Name of Other Parent/Guardian:	Email	Address	
Phone Nos. Other Parent/Guardian: Home	Busir	less	Cell
Are	a Code/Number	Area Code/Number	Area Code/Number
Prior YS Camper: Child To Be Plac	ced With (Optional):	
*****	UI *********************	lly children of same age or g *******	raae wiii be placea togeiner. ******
RELEASE STATEMENT: I hereby release the Executive Direct for any damages or injuries or illness which may be sustained while my to be used in Yorktown Stage's Summer Camp publications, and for ad referenced, if any, for any and all charges incurred by me, relating to the	y child is in camp, including lvertising and promotions. I	any Covid related illnesses. hereby authorize YORKTO	I give permission for my child's photograph WN STAGE to charge my credit card below
Signature of Parent / Guardian	Date:		
RELEASE OF MINORS: All campers are released at the end of	f the camp day to parent / gu	ardians.	
NO CAMPER WILL BE ALLOWED TO LEAVE WITH A STRA My child can be released to the following people: NAME:Z_ PHONE:	NGER.		
NAME PHONE:			
REFUND POLICY: if you cancel prior to 14 days before the 1 st day <i>person for any reason</i> within 14 days of the start date. The Camp Dir Money will not be refunded for days missed due to dismissal or illness.			
NOTE: Your application cannot be processed unless completely fille receive EMAIL confirmation of Registration. PLEASE remove spam			
FULL PAYMENT IS REQUIRED AT THE TIME O	F REGISTRATION	Deduct \$15 for first sibl	ing enrolled, if applicable)

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IF PAYING BY CHECK (PREFERRED METHOD):	IF PAYING BY CREDIT CARD:
AMOUNT ENCLOSED \$	AMOUNT TO BE CHARGED \$
Check #	Credit Card #
Bank Name	Expiration Date
Bank City	Security Code