



Holiday Follies Camp 2017 Savannah Children's Theatre

2160 E. Victory Dr. Savannah, GA 31404

www.savannahchildrenstheatre.org 912-238-9015 classinfo@savannahchildrenstheatre.org



A **3-day musical theatre camp** ending in a holiday-themed performance! Students will participate in music, dance, acting and improv classes to create a one-of-a-kind seasonal showcase. The **free** performance will be on **Friday, December 22 at 4:30pm.**

Who: Young Performers Ages 7-18

When: December 20, 21, & 22 from 9am-5pm

How Much: \$65 per day OR \$150 for all three days

What Else: Bring your own lunch & water bottle.

Wear comfortable clothing and closed-toed shoes only.

SCT will provide an afternoon snack.

Student _____ Male__ Female__ New__ Returning__

School _____ Grade (2017-2018) _____ DOB ___/___/_____ Current Age _____

Parents/Guardians _____

Address _____ City _____ State _____ Zip Code _____

Place of Employment _____

All Contact #'s _____
(Please list type of #, i.e.; work, home, mother, father cell, etc.)

Primary Emails _____

____ Please check here if interested in receiving our monthly email newsletter.

I give permission for my child to attend and participate in theatre events sponsored by The Savannah Children's Theatre. I acknowledge that by doing so, there is a possibility of physical injury to my child and I release the Savannah Children's Theatre, its operators, instructors and representatives for all damages my child may sustain or suffer while attending and participating in such events. I assume full financial responsibility for any treatment necessary in the event of personal injury. In addition, I hereby give my permission for emergency medical treatment, in the event I cannot be reached in a timely manner. I hereby acknowledge that ALL fees are non-refundable. I understand that The Savannah Children's Theatre retains the right to use photographs of students taken at SCT for publicity and advertising purposes. SCT is not responsible for lost or stolen cash, electronic equipment or personal belongings brought into the building.

*****Parent/Guardian Signature** _____ **Date** _____

Credit Card # _____

Expiration Date _____ Security Code _____ Amount _____

Credit Card Signature _____ Date _____

On the back of this form please list your student's allergies, current medications, and any medical concerns.

Office use only: Cash _____ Check _____ Charge _____ Amount _____ Date _____ Notes: