



**JULY 15 - 25, 2019**

Ages 9 and Older  
Monday - Thursday, 10:00a.m. - 4:00 p.m.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**REGISTRATION FEE: \$395**

*If paying by check or with cash, there is a \$15 discount and the Registration Fee is only \$380.*

**PAYMENT METHOD:**

\_\_\_\_\_ Check - Please make checks payable to **WAY OFF BROADWAY** and mail, with this form, to the address below.

\_\_\_\_\_ Cash

\_\_\_\_\_ Credit Card - If paying with a credit card, please stop by the theatre with this form in person.  
Credit Card payments for Summer Camp CANNOT be taken over the phone.

I authorize **WAY OFF BROADWAY** to accept payment in the amount of \$ \_\_\_\_\_ and to register

\_\_\_\_\_ for Way Off Broadway's Summer Theatre Camp.

**I understand and agree that once the transaction has been processed, the registration will be considered complete and final and cannot be cancelled; and by signing this form, I agree and accept all terms and conditions and understand no refunds will be given if my student does not attend.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date