

BETHANY LUTHERAN CHURCH DRAMA CAMP REGISTRATION 2018

Participant Information:

Name	Grade	T-Shirt Size	Allergies/Special Needs

Parent/Guardian: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____

Would you like a DVD of the performance? Yes _____ No _____

I, the undersigned parent or guardian, do hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Bethany Lutheran Church staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Bethany Lutheran Church's Children's programs when I or my emergency contact is unavailable to give such consent. This authorization shall be effective from July 23 through July 26, 2018.

Parent/Guardian Signature: _____

Date: _____

Drama Camp Fee: \$30

Make check payable to: Bethany LWML
Mail to: Bethany Lutheran Church
c/o Carole Wilson
621 S. Orchard Ave.
Vacaville, CA 95688

Would you be willing to help in our Drama Camp? If so, how?

Group Leader

Kitchen Helper

Music

Other: _____

***Return Registration to: Carole Wilson (thewilsons1976@gmail.com)