



Summer Drama Days 2016



*Stretch Your Imagination, Make New Friends
Learn Theatre Games, Role-Playing, Stagecraft*

Drama Day Camp for *6 to 12 Year Olds

**6 Year Olds MUST be entering Grade 2 in September 2016*

July Session: Tues-Fri, July 5 to 22 • **August Session:** Tues-Fri, Aug 2 to 19
Mornings (9 am to 12 pm) or Afternoons (1 pm to 4 pm)

Youth Theatre Camp for 13 to 16 Year Olds

July Session: Mon-Thurs, July 4 to 22 • **August Session:** Mon-Thurs, Aug 2 to 19
Evenings (6 pm to 9 pm)

Enroll in the July or August Session, or both, \$200 per Session

*Registration fee is non-refundable after the first week of camp.
Withdrawals before the first week will be refunded at 75%.*

Tickets for Session Performances will be \$5.00 for adults and \$2.00 for children

Register at Uniglobe Travel (#113-4716 Lazelle Ave)

Registration Forms also available at www.mytlc.ca
For more info, call us at 638-1215 or email info@mytlc.ca

We will be subsidizing one low-income participant per session, six in total. Contact us to find out if you qualify.

Tear Here

Parent's Name: _____ Child's Name: _____

Child's Birth Date (y,m,d): _____ Age as of July 1, 2016 _____ Grade in Sept 2016 _____

Session (July or Aug or Both): _____ Has your child attended Summer Drama Days before? _____

Please check your preferences for Mornings (9 am to 12 pm) _____ or Afternoons (1 pm to 4 pm) _____ or
Evenings (6 pm to 9 pm) (*Session availability is on a first come, first served basis*)

Address: _____ Postal Code: _____

Home Tel#: _____ Work Tel#: _____ Email Address: _____

Do you wish to receive your monthly membership newsletter by email? Yes _____ No _____

Family Doctor (name and #) _____ Medical # _____

Does your child have any medical conditions (allergies etc...) or special needs, that we should know about? _____
If so, please provide details that we should be aware of _____

** The Terrace Little Theatre reserves the right to post production pictures (pre production and actual production pictures) on their website and social media sites.*

Office Use Only Method of Payment Interac MasterCard Visa Cheque
(For accounting purposes we will not be accepting session payments in cash)

Credit Card #: _____ Expiry Date: _____

Signature: _____ Date: _____ Payment Amount: _____

Recorded on applicable Session Registration form Recorded in Membership Database