



Vacation Camp Enrollment Form

Child's Name _____ Grade _____

Birth Date _____ / _____ / _____ Gender Male Female

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email (required) _____

T-SHIRT SIZE (Check one)

Child Small Medium Large
 Adult Small Medium Large X-Large

Please add my email to the Palace Theatre email club so that I can hear about upcoming events and auditions!

A. WINTER CAMP February 22 — February 26, 2010	Tuition: \$225	Grades 2—8	\$ _____
B. SPRING CAMP April 26 — April 30, 2010	Tuition: \$225	Grades 2—8	\$ _____
SUMMER CAMP			
C. SESSION 1 June 28—July 9, 2010 (8 day camp)	Tuition: \$350	Grades 2—6	\$ _____
D. SESSION 2 July 12—July 23, 2010 (10 day camp)	Tuition: \$425	Grades 4—8	\$ _____
E. SESSION 3 July 26—August 6, 2010 (10 day camp)	Tuition: \$425	Grades 2—6	\$ _____
F. SESSION 4 August 9—August 20, 2010 (10 day camp)	Tuition: \$425	Grades 4—8	\$ _____
G. We would like to become Members of the Palace Theatre or renew at the following level:			\$ _____
<input type="checkbox"/> Ensemble (\$35+)	<input type="checkbox"/> Family (\$75+)	<input type="checkbox"/> Player (\$250+)	
<input type="checkbox"/> Lead (\$500+)	<input type="checkbox"/> Angel (\$1,000+)	<input type="checkbox"/> Celebrity (\$2,000+)	
H. Early Bird Special —Deduct \$25 if registering 30 days before session.			\$ _____
I. Registration Fee (Waived <i>only</i> for Family, Player, Lead, Angel, Celebrity Members)			\$ 25.00
Total Amount Due (A-I):			\$ _____

Payment Information

All Fees due at time of registration unless applying for financial aid.

Check enclosed (made payable to Palace Youth Theatre)
or

Please charge the Credit Card provided below:

Visa MasterCard American Express Discover

Card Number: _____ - _____ - _____ - _____ CVV: _____ Expires: ____/____/____

Card Holder Signature: _____

Mail ALL forms to:
 PYT Camp Registration
 The Palace Theatre
 80 Hanover Street

Or Fax to:
 (603) 668-5804
 ATTN: Patty Matta

ALL CAMPERS WILL BE NOTIFIED OF REGISTRATION STATUS VIA EMAIL UNLESS THEY INDICATE OTHERWISE.

Check here if you do not have an email address and/or need confirmation via regular mail



Financial Aid Application

Child's Name _____

Parent/Guardian Name _____

Address _____

City _____ State ____ Zip _____

Phone () _____ Email (required) _____

How much Financial Aid are you seeking?

- 100%
- 75%
- 50%
- 25%
- 10%

In order to be considered for financial aid, all applicants *MUST* submit a copy of **last year's tax return to demonstrate need**. Please note that all financial aid is subject to approval and is not guaranteed. In addition, all financial aid applicants must still pay the registration fee.

*Please return the **completed application, registration, and tax return** to:*

Patty Matta
The Palace Theatre
80 Hanover Street
Manchester, NH 03101

Or Fax to:
(603) 668-5804

YOU WILL BE NOTIFIED OF FINANCIAL AID STATUS VIA EMAIL UNLESS INDICATED OTHERWISE.

Check here if you do not have an email address and/or need confirmation via regular mail