

Emily McCabe Musical Theatre Program
2010 CAMP REGISTRATION
Aladdin! JR

NAME _____ Current Grade _____
(must **currently** be in 4th-8th grade)

MAILING ADDRESS _____
Street Town Zip Code

PHONE NUMBER _____ Parent's Cell _____

E-Mail _____ (print neatly)

T- Shirt Size YS YM YL AS AM AL AXL

_____ please order a rehearsal CD for my child for an **additional** \$7.

Camp begins June 14th. The show weekend is July 16-18.

Please number in order of preference. Only number camps for which you are available.

_____ AM Camp 9:00am-12:30pm

_____ PM Camp 1:00pm-4:30pm

Please enclose a check for either \$100(deposit) or \$300 (paid in full) payable to **CCT**, or include **Visa or MasterCard** information. Credit Card payments will be charged the full amount. **Mail to PO BOX 602, Mokena, 60448.**

_____ CARD NAME (M/C or Visa only)

_____ NAME ON CARD

_____ CARD NUMBER

_____ EXPIRATION

***FEES MUST BE PAID IN FULL BY OPEN REGISTRATION ON 1/30/10. DEPOSITS WILL ONLY BE REFUNDED UNTIL OPEN REGISTRATION. 50% REFUND UNTIL 4/01/10. NO REFUNDS WILL BE MADE AFTER 4/01/10.**