

Medieval Madness Theatre Camp

R.W. Norton Art Gallery Camp Application

June 2-June 18, 2015

8:00 am-12:00 pm

Tuesday-Friday (No Mondays)

Child's Name _____

Address _____

City _____ Zip Code _____

Current School _____ Grade _____

Contact Information:

Name of the person with whom child lives _____

Relationship to child _____

Parent/Guardian's Telephone Number (work) _____

Home _____ Cell _____

E-Mail _____

Alternate Contact:

Name _____

Phone Number _____

OFFICE USE ONLY:

Date Application Received: _____

Admitted: _____ *Wait Listed:* _____ *Number:* _____

Date of Phone Call Contact: _____

Date of Admittance Letter Mailed: _____