



2021-22 STC CAMPS REGISTRATION FORM

For students 8 to 12 years of age *PLEASE PRINT

Please check one: New student Returning student

NAME OF STUDENT: _____

Date of Birth: _____ AGE (Sept/21): _____ GRADE (Sept/21): _____ M/F: _____

Parent/Guardian: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Parent's email: _____

Home Phone: _____ Mobile: _____ Business: _____

Please select your class(es) below, along with the session(s) of your choice where applicable

*Fees listed beside each program option indicate the cost per session.

*DISCOUNTS: Book more than one session and save \$20 on each additional session or student booked.

2021 SUMMER THEATRE CAMPS	TIME	DATES	FEE (per term)	TOTAL FEES
<input type="checkbox"/> Drama Camp 1 (ages 8 to 12)	9 am - 4 pm	July 5-9, 2021	Regular: \$260 (\$230.09+HST) Academy member: \$240 (\$212.39+HST)	_____
<input type="checkbox"/> Musical Theatre Camp 1 (ages 8 to 12)	9 am - 4 pm	July 12-16, 2021	Regular: \$260 (\$230.09+HST) Academy member: \$240 (\$212.39+HST)	_____
<input type="checkbox"/> Drama Camp 2 (ages 8 to 12)	9 am - 4 pm	July 19-23, 2021	Regular: \$260 (\$230.09+HST) Academy member: \$240 (\$212.39+HST)	_____
<input type="checkbox"/> Musical Theatre Camp 2 (ages 8 to 12)	9 am - 4 pm	Aug 9-13, 2021	Regular: \$260 (\$230.09+HST) Academy member: \$240 (\$212.39+HST)	_____

2022 MARCH BREAK CAMP	TIME	DATES	FEE (per term)	TOTAL FEES
<input type="checkbox"/> March Break Camp (ages 8 to 12)	9 am - 4 pm	Mar 14-18, 2022	Regular: \$260 (\$230.09+HST) Academy member: \$240 (\$212.39+HST)	_____

AFTER-CARE Our full-day camps end at 4 pm each day. Arrangements can be made for late afternoon pick-up, for an additional \$10 per day. Please circle the dates below that your child will require late pick-up.

Yes, my child will require late pick-up on these days that week (circle) **M T W Th F** _____ \$10 per day

*If you're not sure, you may arrange this closer to the date of the camp.

PLEASE NOTE: If you are a NEW student who was referred to STC by another student or parent, please provide the name of the person who provided this referral. _____ **TOTAL** _____

Would you like to receive e-mail information about other Sudbury Theatre Centre programs? **YES NO TOTAL FEES** _____

FOR OFFICE USE ONLY

DATE PAYMENT RECEIVED: _____

Method of Payment: CASH / CHEQUE / VISA / MASTERCARD / AMERICAN EXPRESS / OTHER _____

Name on Cheque: _____

Credit Card No.: _____ 3-digit Card ID: _____ Expiry: _____ / _____