

**Port Tobacco Players' Theater "Camp Mockabee" Registration
Form 2021**

Choose your session:	Kids Camp for Ages 6 –5th grade July 26– 30, 2021 _____ AM (9-12:00) _____ PM (1-4:00) High School Camp _____ Aug. 2- 6, 2021 _____ Middle School Camp Aug. 9-12, 2021
Choose your shirt size:	T-Shirt Size: (Circle one) Child: XS, S, M, L, XL Adult: S, M, L, XL, XXL, XXXL

Camp will be held at the Port Tobacco Players' Theater at 508 Charles Street in La Plata.

Child's Name: _____ Male _____ Female _____ Today's Date: _____

Present Age: _____ Birth Date: ___/___/___ Present Grade Level: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

For Kids: If session is full can the child attend the other session? YES _____ NO _____

For Teens: What aspects of theater interest you the most? _____

Parent/Guardian Name: _____

Telephone Numbers: (Home): _____ (Cell): _____

(Work): _____

Emergency Contact Person: _____

Phone Numbers: _____ Relationship: _____

With whom may your child arrive/depart? _____

Are child's immunizations up-to-date? YES _____ NO _____

Does your child take medication? NO _____ YES (please specify) _____

Does your child have allergies (including foods)? NO _____ YES (please specify) _____

Name of Child's Doctor: _____ Phone #: _____

In case of emergency, I _____, give my permission to the staff of PTP's Theater Camp to administer First Aid and/or obtain the nearest emergency care.

(signature)

Camp fees are \$125 per session for Kids or \$250 for Middle school and High School. This fee includes your child's membership in the Port Tobacco Players for the 2021/2022 season as well as the cost for his/her camp t-shirt. Please make checks payable to **Port Tobacco Players**. Mastercard, Visa, American Express and Discover (credit or debit) are also accepted.

_____ I have enclosed my \$50.00 **NON-REFUNDABLE DEPOSIT**. I will send the balance to camp on the first day of camp as listed above.

(check # _____) Credit/Debit Card _____ exp ___/___
CVV _____ Zip Code _____

_____ I have enclosed the entire \$125/\$250 camp fee, \$50.00 of which is a **NON-REFUNDABLE DEPOSIT**.

(check # _____) Credit/Debit Card _____ exp ___/___
CVV _____ Zip Code _____

I understand that this is a half-day program for kids and that NO before or after care will be provided.

(signature)

Please complete and mail to: **Port Tobacco Players' Theater, "Camp Mockabee" Post Office Box 2030, La Plata, MD 20646-2030**

DEADLINE FOR APPLICATION: JULY 15, 2021