

STAGEBRIDGE

presents the Fourth Annual

PAC50+ PERFORMING ARTS CAMP FOR ADULTS FIFTY PLUS

REGISTRATION FORM

(All information you provide will remain confidential)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____ BIRTH DATE: _____

Make Checks Payable to "Stagebridge"

EMERGENCY INFORMATION

Authorized person to be called in case of an emergency.

NAME: _____

PHONE: _____ RELATIONSHIP: _____

Please list any special needs/medical conditions that we should be aware of.

Is this your first time at a performing arts camp? Yes No

Is this your first time acting? Yes No

Is this your first time storytelling? Yes No

Have you ever attended a Stagebridge production? Yes No

Would you be interested in volunteering with Stagebridge? Yes No

How did you hear about this camp?

Friend Received Postcard Saw poster

Heard radio announcement Read newspaper announcement

Office Use Only

Date Paid _____

Amount _____

Check # _____

Entered _____

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