



Diablo Theatre Performing Arts Academy Summer Camp Theatre Program Enrollment Form

STUDENT INFORMATION

Student #1 Name _____ **Birth Date** _____ **Age** _____ **School** _____

Kids Programs

- | | | | | |
|--|-------------------|-------------------|--------------|-------|
| <input type="checkbox"/> Intro to Triple Threat (Ages 4-6) | June 21 - July 16 | Monday - Thursday | 3:30-4:30 pm | \$230 |
| <input type="checkbox"/> Triple Threat Jr. (Ages 7-12) | June 21 - July 17 | Monday - Thursday | 9:00-3:00 pm | \$600 |

Teens Programs

- | | | | | |
|---|------------------|-------------------|---------------|-------|
| <input type="checkbox"/> Triple Threat (Ages 13-20) | June 21 - July 1 | Monday - Thursday | 9:00-12:30 pm | \$250 |
|---|------------------|-------------------|---------------|-------|

Student #2 Name _____ **Birth Date** _____ **Age** _____ **School** _____

Kids Programs

- | | | | | |
|--|-------------------|-------------------|--------------|-------|
| <input type="checkbox"/> Intro to Triple Threat (Ages 4-6) | June 21 - July 16 | Monday - Thursday | 3:30-4:30 pm | \$230 |
| <input type="checkbox"/> Triple Threat Jr. (Ages 7-12) | June 21 - July 17 | Monday - Thursday | 9:00-3:00 pm | \$600 |

Teens Programs

- | | | | | |
|---|------------------|-------------------|---------------|-------|
| <input type="checkbox"/> Triple Threat (Ages 13-20) | June 21 - July 1 | Monday - Thursday | 9:00-12:30 pm | \$250 |
|---|------------------|-------------------|---------------|-------|

Total Amount Due \$ _____

PARENT/GUARDIAN INFORMATION

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

METHOD OF PAYMENT

Check (payable to Diablo Theatre Company); Write the name of the child(ren) on your check

American Express Discover Mastercard Visa

Name on card _____ Signature _____

Card Number _____ Exp (mm/yy) _____ 3-Digit Security Code _____

WHERE TO SEND PAYMENT (CHOOSE ONE OF THE FOLLOWING)

Mail form with payment to: Diablo Theatre Company, P.O. Box 5034, Walnut Creek, CA 94596. Email form to dloc@dloc.org. Fax form to (925) 944-1510. For more information call (925) 262-2138.

REGISTRATION AND CANCELLATION INFORMATION

Enrollment forms are due by Tuesday, June 1, 2010. A \$50 non-refundable per class fee is due with the enrollment form. Payment balance is due the first day of class. Medical and participation forms will be emailed upon receipt of enrollment and deposit; completed forms should be brought on the first day of class.

A \$25 fee will be charged for all returned checks. No refunds will be made after the first day of class.

SCHOLARSHIPS

A limited number of scholarships are available for each camp. Download an application at www.dloc.org/scholarships.