



Registration Form:

Participant's Name: _____ Age/Grade: _____

Address: _____

Cell Phone number: _____ Work Phone number: _____

Parent(s)/Guardian(s) names: _____

Parent/Guardian Cell Phone number: _____

Parent/Guardian E-mail address: _____

Previous experience in Theatre, Stage Crew, Dance, Music (please list any theatrical productions and roles played): _____

How did you hear about West Arts Productions: (Circle one)

Website Show flyer Attended a performance Facebook/IG A friend/other:

Friends name/other: _____

I hereby consent that the photographs, videotape, and/or audio recordings made may be used by West Arts Productions.

Parent/Guardian Signature: _____ Date: _____

Participation Dues: \$200.00 for 1 Camp; Any Additional Camps add \$100.

Payment plans are Available (Please see additional paperwork)

Payment methods: Cash, Check (West Arts Booster), or Venmo (@westartsproductions)

Any returned checks will be charged a \$30.00 fee. **No refunds.**

Please bring a lunch and a chair/towel with you!

Office Use Only

Cash Amount: \$ _____ Check Amount/#/Name _____

Venmo Amount: \$ _____

Received by: _____

Shirt Size _____



Emergency Information Form

Student Information:

Student's Name: _____ Birthdate: _____

Address: _____ City, ST, Zip code: _____

Cell phone number: _____ Home phone number: _____

Parent/Guardian Contact Information:

Parent(s)/Guardian(s) Name: _____

Address: _____ City, St, Zip code: _____

Cell phone number: _____ Email address: _____

Emergency Contacts:

Primary Emergency Contact: _____ Relation to Student: _____

Cell phone number: _____ Work/Home phone number: _____

Secondary Emergency Contact: _____ Relation to Student: _____

Cell phone number: _____ Work/Home phone number: _____

Medical Information:

Student's Physician's Name: _____ Address/Location: _____

Office phone number: _____ After hours number: _____

Health Insurance Company: _____ Group/Policy Number: _____

Medication/Allergies/Special Conditions: _____



Payment Plan Contract:

Students who have decided to set up a payment plan are held accountable for completing all payments as listed on the contract.

Name: _____ Date: _____

Responsible Party: _____ Phone Number: _____

The payment plan contract divides the \$200 1-week camps into 2 payments. The payments are due by the following dates:

- 1st payment due at Registration of \$100.00 (For 1 Camp)
 - 2nd payment due by Thursday of \$100.00 (For 1 Camp)
 - 3rd payment due every Monday of \$50.00 (For more than 1 Camp)
 - 4th payment due every Thursday of \$50.00 (For more than 1 Camp)
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- ✓ You will receive an invoice reminder one week prior to each payment due by date
 - ✓ This payment plan is only good for the registration price.
 - ✓ Tuition must be paid off before the camp is over.

Failure to pay money owed will result in:

- The participant will not be able to participate in:
 - Rehearsals
 - Performances
- A \$30.00 late fee will be charged for any late payment received or returned checks.

No Refunds.

I, the undersigned, have read/understand and agree to West Arts Productions policies for the payment plan. I agree to comply with the policies listed and hereby request a payment plan for the 1-week summer camp(s).

Parent/Guardian Name: _____

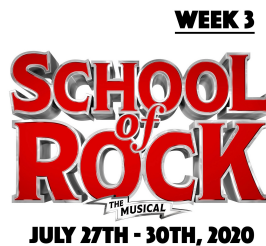
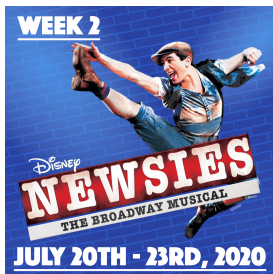
Parent/ Guardian Signature: _____

Office Use Only

Payment amount	Type	Date	Lead fee	Balance Due	Received by



Show Shirt Order Form



Each Camp Member receives a show shirt, but you can get one for \$20! So get one for your Mom, Dad, Grandparents or Anyone!

Last day to select your size: Every Wednesday for each Camp! Shirts will NOT be for sale at the show, so don't miss out!

Student's Name: _____

Child Small: _____

Child Medium: _____

Child Large: _____

Adult Small: _____

Adult Medium: _____

Adult Large: _____

Adult X-Large: _____

Adult XX-Large: _____