



**2010 Hampstead Youth Theatre
Camp Registration
July 19-31, 2010 Ages 7-17**

Camper's Name: _____
Age (at time of application): _____ Birthdate: _____ Grade This Sept.: _____
Parent/Guardian: _____
Home Address: _____
Vacation Address (if applicable): _____
Email: _____
Home Phone: (____) _____ Work/Vacation: (____) _____
Cell: (____) _____ Which phone is best to reach you? _____
What time will you be dropping your child off? _____
Will another parent/guardian/friend be dropping off or picking up? _____
If so, who has authorization to drop off or pick up? _____
Do you have any camp conflicts? _____
Where did you receive your information about our camp? _____

Payment

Please circle: 2 week camp (\$275*/\$250) OR 1 week camp (\$150*/\$125)
*Option 1**- includes lunch & snack OR *Option 2*- bring your own lunch & snack

*Is your child a vegetarian? Yes No

Check (enclosed)

Money Order (enclosed)

Credit Card

Name on Credit Card: _____

Visa/MC #: _____ Expiration Date: ____/____

C2V2 # (last 3 digits on back of card): ____

*Please print out this form & return, along with your payment to:
Hampstead Youth Theatre Camp,
c/o The Hampstead Stage Company, 1053 N. Barnstead Rd.,
Ctr. Barnstead, NH 03225*

www.hampsteadstage.org
1-800-619-5302
Fax: 603.776.6151