

Rehearse and Perform Awesome New Musicals SIX New Sessions!

Who: Children entering K-12th grade. 7-12th graders may register to be a Star-In-Training (S.I.T.).

When: 9:00am to 4:00pm, Monday through Friday with arrival between 8:30 - 9:00am and pick-up between 4:00 – 4:15pm. Post-Camp care is available for an additional \$25.00 per week. Late pick-up is 4:15-5:00pm.

Where: Florida Repertory Theatre, 2267 First St., Fort Myers (in the historic Arcade Theatre Downtown).

Cost: 2- Week Camps: \$350 per session, \$300 per S.I.T. session. 1-Week Camps: \$175 per session, \$150 per S.I.T. session. Pre-registration is strongly recommended. Camp is limited to 60 children per session. 50% non-refundable deposit due with registration form. Balance due on first camp day. Balance non-refundable after first day of each session.

How: Send the form below via fax to 239-332-1808 or mail it to: Rachael Endrizzi, C/O Camp Florida Rep, 2267 First St., Fort Myers, FL 33901.

Questions: Call 239-332-4665 ext. 20 or email eddirector@floridarep.org

Child's Name: _____ Age: _____

Parent's Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: _____

Medical/Special Needs: _____

2010 Summer Sessions Requested:

- | | |
|--|---|
| <input type="checkbox"/> June 14 th -June 18 th (ONE WK) Fairy Tale Fiasco | <input type="checkbox"/> July 19 th – July 30 th (TWO WK) The Aristocats |
| <input type="checkbox"/> June 21 st -July 2 nd (TWO WK) Beauty & the Beast | <input type="checkbox"/> August 2 nd -August 13 th (TWO WK) Bye Bye Birdie |
| <input type="checkbox"/> July 5 th -July 16 th (TWO WK) The Wizard of Oz | <input type="checkbox"/> August 16 th -August 20 th (ONE WK) Around the World in 5 Days |

Mother's Phone: _____ Father's Phone: _____

School Attending: _____ Grade Entering: _____

If parent or guardian cannot be reached please notify:

_____ Ph # _____

_____ 2-week Session(s) X \$350 (campers entering K-6 th grade) =	\$ _____
_____ 2-week SIT Session(s) X \$300 (campers entering 7-12 th grade) =	\$ _____
_____ 1-week Session(s) X \$175 (campers entering K-6 th grade) =	\$ _____
_____ 1-week SIT Session(s) X \$150 (campers entering 7-12 th grade) =	\$ _____
_____ Week(s) of After-care X \$25 per week	\$ _____

Visa MC Amex Disc. Check (pay to Florida Rep) **Total Due:** \$ _____

_____ **50% Deposit:** \$ _____

Exp. _____ or Check # _____ **Balance Due:** \$ _____

I give my child permission to full participate in Camp Florida Rep. I recognize this program includes, but is not limited to, certain physical activities which may pose some risk of injury. I further understand and agree that Florida Rep is not an insurer nor is responsible for any costs incurred by me or my child arising from activities conducted within the scope of this program.

Parent's Signature: _____ Date: _____
(If using a credit card, please use signature as listed on account)