

MINI PLAY CAMP
REGISTRATION FORM

LIVE UNITED™



United Way
of Monroe County

*Please complete one form per
participant in family*

Participant Name: _____

Age: _____ Grade In School: _____ Name of School: _____

Morning Session 9:00 – 12:00 pm Afternoon Session 1:00 – 4:00 pm

Address: _____

_____ Zip _____

Parent/Guardian Name (s): _____

Telephone Phone: _____ Home _____ Work _____

_____ Cell _____

Participant E-mail Address: _____

Parent E-mail Address: _____

Name (s) of other adults who may pick up participant from the Mini -Play Camp:

May your child walk home from the Mini-Play Camp? Yes No

Name and phone number of person(s) to contact in event of emergency
(if different from parent):

NAME _____ PHONE _____

NAME _____ PHONE _____

Total Fee (\$120 per participant): _____

Check method of payment: Check Credit Card Cash

Credit Card Type: MC VISA AMEX

Card Number _____ Exp. _____

Name on Card _____

PLEASE CHECK ONE:

___The BPP has my permission to take photographs of my child and may use these pictures solely for promotional uses, such as brochures and on the BPP website.

___I do not want the BPP to take photographs of my child.



**PLEASE DESCRIBE ANY
SPECIAL NEEDS YOUR
CHILD MAY HAVE:**

****Students must be in
middle or high school to
direct and attend a 1/2
day Directing Workshop
prior to the beginning of
camp.*

Please rank in order of 1–3 (1 = what you would not want to do; 3 = what you really want to do) your preferences for during Mini-Play Camp. Please indicate a number for each category

___ Acting ___ ***Direct ___ Technical Crew