



Musical Theater Camp Registration

CAMP INTEREST FORM

Please print clearly in Pen. * All Fields Required.

One Form per Child

Last Name		First Name		*Best Contact #
Birth Date		Age		T-shirt Size
Mailing Address			City, Indiana	Zip
Parent/Guardian Name #1		*email	Parent/Guardian Name #2	*e-mail
Profession		Work Phone	Profession	Work Phone
Cell Phone		Home Phone	Cell Phone	Home Phone

Student's Regular School	Grade	Music Teacher's Name
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Referral? (How did you hear about our program?)	My child would like to audition for:
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Student Past Music or Theater Experience (if applicable) or Education	Competencies
1. 2. 3. 4.	Acting: Dancing: Singing:

Parent Volunteerism <input checked="" type="checkbox"/> We are interested in helping the camp via:	Competencies
<input type="checkbox"/> chaperone rehearsals <input type="checkbox"/> coordinating costumes <input type="checkbox"/> painting faces <input type="checkbox"/> creating props <input type="checkbox"/> building sets <input type="checkbox"/> painting sets and backdrops <input type="checkbox"/> assisting backstage <input type="checkbox"/> promoting the musical <input type="checkbox"/> sponsoring the musical	
Your family will be contacted by the appropriate Moriah Music representative related to the area of expressed interest.	

Return Registration Fees, Tuition & Forms at your student's audition.

