

# 2019 GENESIUS THEATRE SUMMER CAMP REGISTRATION FORM

## SPOTLIGHT SUMMER CAMP (AGE 6 TO 15)

Please fill out a separate form for each camper in your family attending – This form is **ONLY** for the Summer Camp program July 15 through July 19

Name of Camper: \_\_\_\_\_

Sex: M / F \_\_\_\_\_ Age as of 6/1/19: \_\_\_\_\_ Grade as of 9/19: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Guardian's Name: \_\_\_\_\_

Please email all the information/updates/ billing regarding GENESIUS SUMMER CAMPS to the following email addresses:

\_\_\_\_\_

Phone Primary: \_\_\_\_\_ Phone Secondary: \_\_\_\_\_

Regular Price - One Week - \$160.00 \_\_\_\_\_

My son/daughter was in or will be in - *Beauty & the Beast, Hairspray Jr., or Guys & Dolls* at Genesisius – Please list one of the shows they were in: \_\_\_\_\_

Discount Price - \$144.00 \_\_\_\_\_

Please make sure we are added to your approved sender list for future e-mail information pertaining to camp. \_\_\_\_\_

Total \$ \_\_\_\_\_

**MORE - GENESIUS SUMMER CAMP FORM BELOW**

### Terms of Agreement:

**PAYMENT IS DUE WHEN YOU SEND THE REGISTRATION FORM IN.**

. TUITION IS NON-REFUNDABLE except for withdrawals made in writing a minimum of 14 days prior to start of camp.

-The camper and parents agree to abide by the rules set by Genesisius staff for the health, safety, and welfare of all the campers and staff.

- Genesisius Staff reserves the right to deny, cancel, sever, or suspend a child's enrollment if deemed in the best interest of the camper or the camp. There will be no refunds.

- I authorize the officials of the camp to act on my behalf while my child is in their care, including the power to authorize emergency medical treatment. I also give my permission for my child to take part in all camp activities and trips and release Genesis staff from all liabilities for any and all damage and/or injury.

Please Initial Here \_\_\_\_\_.

I have read, understand and agree to all of the terms of agreement and items discussed in this enrollment form for my child, prior to signing this application.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

>RETURN TO - Genesis Theatre Office

**Genesis Theatre  
2019 Genesis Summer Camp Reg. Form  
153 North 10<sup>th</sup> Street  
Reading, PA 19601**

**Make Checks Payable To: Genesis Theatre  
Or Please Provide Your Credit Card Information Below –  
Please Print Legibly**

Name on Credit Card \_\_\_\_\_

Billing Address of Card \_\_\_\_\_

Billing Phone # \_\_\_\_\_

Type of Card \_\_\_\_\_ Security Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Number \_\_\_\_\_

**Phone: 610-371 - 8151  
GENESIUSDIFFERENCE.ORG**

**FOR MORE INFORMATION: Please call Larry Fecho – Artistic Producer at 610-780-7627 or write him at [LJFecho@FechoProductions.com](mailto:LJFecho@FechoProductions.com)**