

Theatre Action Project (TAP) Summer Camp Registration Form

SUMMER CAMP DAYS 2008

Child's Full Name: _____ Grade fall '07: _____

School: _____ D.O.B. _____ Sex: M F

Parents' Name: _____

Home Phone: _____ Dad Cell: _____ Mom Cell: _____

Home Address: _____ Zip: _____

Preferred e-mail address: _____

Emergency Contact: _____ Phone _____

Special Requests:

Payment type: check MasterCard Visa

Total Fees: \$ _____

Account #: _____ Exp. _____

Name on the card: _____

Signature: _____

PLEASE FAX THIS COMPLETED FORM WITH CREDIT CARD INFO TO 512/386-8994

OR MAIL TO TAP – SUMMER CAMP, 701 TILLERY, BOX 9 AUSTIN, TX 78702