

ENROLLMENT FORM

CHILD'S NAME

PARENT(S)' NAMES

ADDRESS

CITY

STATE

ZIP CODE

BOY/GIRL

BIRTH DATE

SCHOOL ATTENDING

CURRENT GRADE

DAYTIME PHONE

E-MAIL

- Young People's Camp
- Youth Drama Camp Summer
- High School Shakespeare Intensive

T-SHIRT SIZE

(CHILD) (ADULT)
M L S M L

FEES

PAYMENT METHOD

CHECK/MONEY ORDER VISA MASTERCARD

CARD #

EXPIRATION DATE

NAME AS ON CARD

SIGNATURE

SPECIAL TALENTS

MAIL COMPLETED REGISTRATION FORM TO:

Theatricum Botanicum
P.O.Box 1222 Topanga CA 90290