

Klub Kadie presents...



Musicals with Meaghan and Mandie!

NAME: _____

AGE: _____ GRADE in Fall 2009: _____

PRIOR THEATRE EXPERIENCE: _____

HEALTH CONCERNS (ALLERGIES):

please give any medications, epi-pens, etc to Kadie or Sarah with camper's name clearly marked

EMERGENCY CONTACT INFO:

Name _____

Phone: _____

Name: _____

Phone: _____

EMAIL ADDRESS: _____

Circle Session(s) below:

Session One (July 20-24)

Session Two (July 27-31)

Will you allow your child to wear make-up for the performance?: Yes or No