



# A.C.T. CAMP REGISTRATION

## August 12-17, 2012

Full Name \_\_\_\_\_  
Last First M.I.

M  F Grade in Fall 2012 \_\_\_\_\_ Birth Date \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

On a separate sheet of paper, please answer the following questions. This is our chance to get to know the camper so it is important to answer honestly and with as much detail as possible.

1. Why do you want to attend American Players Theatre's A.C.T. Camp?
2. What different kinds of experiences have you had with theatre?
3. Briefly describe theatre and/or other cultural opportunities in your community.
4. What is the most important thing you have learned about yourself in the past year?
5. What will other participants like best about you?
6. Please include a recent photograph of yourself with your registration.

**A.C.T. Camp Policies**

A \$100 deposit will hold the registration space. The deposit is part of the total camp fee and is non-refundable and non-transferable. The \$775 balance is due on or before May 29, 2012. For cancellations prior to May 29, 2012 the total fee, less the deposit, is refundable. For cancellations after May 29, the fee is forfeited.

The Camp Director reserves the right to dismiss any camper whose behavior affects his/her ability to participate or is detrimental to the members of the camp. No refund will be made for absences, dismissals or withdrawals before the end of the session. In cases of withdrawal during camp based on doctor's orders, remaining tuition may be refunded less the \$100 deposit.

**Emergency Consent:** I hereby give consent for my child to receive emergency medical treatment from a physician or emergency facility in case I cannot be reached immediately in an emergency. I hereby give my child permission to participate in all camp activities. **Photo Release:** I give my permission for American Players Theatre to use my photos, taken of me at any A.C.T. Camp event, in their publications. I release my right to any kind of remuneration from said photos.

Parent Signature Required \_\_\_\_\_ Date \_\_\_\_\_

A welcome packet will be mailed to you in June. Please mail your completed registration along with your essays, \$100 deposit (check or credit card information below) and your photograph to:

American Players Theatre A.C.T. Camp  
 PO Box 819  
 Spring Green, WI 53588

**Credit Card Information**

Visa  Mastercard  American Express  Discover Amount to be Charged \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CSV \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_ Signature \_\_\_\_\_

**For Office Use Only:**

Registration Received: \_\_\_\_\_

\$100 Deposit Received: \_\_\_\_\_

\$775 Balance Received: \_\_\_\_\_

Photo Received: \_\_\_\_\_

Payment Method \_\_\_\_\_

Payment Method \_\_\_\_\_