



Registration Form

Student 1

First: _____ Last: _____ Gender: Male ___ Female ___

School: _____ Grade (2018/19 School Year) _____ Age (as of June 18, 2018): _____

Student 2

First: _____ Last: _____ Gender: Male ___ Female ___

School: _____ Grade (2018/19 School Year) _____ Age (as of June 18, 2018): _____

Student 3

First: _____ Last: _____ Gender: Male ___ Female ___

School: _____ Grade (2018/19 School Year) _____ Age (as of June 18, 2018): _____

Parent/Guardian

First: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Select Your Preferred 1st and 2nd Choice of Session and Time

	9am –12pm	1pm-4pm
Session 1 Monday June 18 - Thursday June 21	_____	_____
Session 2 Monday June 25 - Thursday June 28	_____	_____

Student Camp Fee	\$175	\$ 175
Each Additional Sibling	\$150	\$ _____
After June 1 Apply Late Registration Fee	\$25	\$ _____
Credit Card Fee \$5/Student		\$ _____
I would like to make a tax-deductible contribution to BrightSide Theatre		\$ _____
Total	\$	\$ _____



Payment

Check Enclosed made payable to BrightSide Theatre

Card Number: _____ CVV _____ Exp. ____/____ Billing Zip Code: _____

Visa MasterCard American Express Discover

Submit Completed Form and Payment to

BrightSide Theatre, PO Box 5976, Naperville, IL 60567
info@brightsidetheatre.com | Fax 630-428-2569 | Call 630-447-8497