

YES! AND...

Collaborative Arts iMagination Programming

Summer Theatre Camp Registration Form

Please circle one:

SHADOW
July 27-Aug7

Trinity
July 6-24

CHUMC 1
Aug 17-21

CHUMC 2
Aug 24-28

Camper's Name _____ Age _____

Birth date _____ Grade (entering in Sept.) _____

(*please complete one form per child)

Parent/Guardian Names _____

Address _____

Home Phone Number(s) _____

Work Number(s) _____

Cell Number(s) _____

Email _____

How did you learn about **Yes! And...** Summer Theatre Camp?

What, in this past year, has affected your child the most?

Does your child have an area of the arts that he/she is most interested in?
(circle as many as apply)

Acting

Visual Arts

Dance

Writing

Music

Other _____

What do you understand to be your child's greatest challenges?

Her/his greatest strengths?

What three words best describe your child?

**If you have any further questions,
please contact the Yes! And... office at
215.951.0330 x2117**