

Olympia Community School 2010 Drama Camp Registration Form

Student Name _____

Birth date _____ Age _____

Parent/Guardian Name(s) _____

Address _____

City/State/Zip _____

Phones: Home _____ Work _____ Cell _____

(Please circle best phone to reach you during camp hours)

E-mail _____

Would you would like to be added to our OCS mailing list? Yes No

Other Emergency Contact Name and Phone #

Checklist to register:

Registration form

Medical and Liability Consent form

Behavior agreement

Deposit, or check paid in full. (To secure enrollment, please send a non-refundable \$25 deposit for each student. The balance of \$175 is due by July 7. Refund policy: Full refund if class is cancelled by Olympia Community School for any reason. No refund given for withdrawals after first day of class. 50% refund given for withdrawals prior to July 12.)

_____ \$25 deposit

_____ \$175 balance

_____ \$200 Paid in full

Please mail forms and check to our business mailing address by July 7:

Olympia Community School

PO Box 12436

Olympia, WA 98508-2436

(Office Only) Check # _____ Date received _____ Initials _____