



Play in a Day Application Form

**If you are registering more than one child, please complete one form per child*

Student Information

Student's Name: _____

Date of Birth (DD/MM/YY): _____

Age: _____

Grade: _____

Address: _____

City: _____

Postal Code: _____

Home Phone Number: _____

Behavioral/ Medical
 Concerns/ Allergies/
 Medications: _____

Parent/ Guardian Name: _____

Work/Cell Phone Number: _____

Email Address: _____

Emergency Contact

Emergency Contact 1

Name: _____

Relation: _____

Phone Number: _____

Alternate Phone Number: _____

Emergency Contact 2

Name: _____

Relation: _____

Phone Number: _____

Alternate Phone Number: _____

Payment

Please check the camps you would like to register for:

Oct 26, 2018 Feb 01, 2019

	X	\$54/ day =	\$	
# of Camps				Total

PAYMENT OPTIONS:

CHEQUE: *Payable to: ALBERTA THEATRE PROJECTS, 220 9 Ave SE, Calgary, AB, T2G 5C4

CREDIT CARD:

Type of Card: VISA Mastercard Amex

Credit Card Number: _____ Expiry Date: _____ CVV: _____

Name on Card: _____ Amount Authorized: _____

By signing below I understand that my son/daughter will be participating in PLAY IN A DAY! I allow Alberta Theatre Projects to use photos/videos taken during the day as promotional materials or for grants, final reporting or future marketing materials.

 Name

 Signature

Please send your completed registration to Talore Peterson, tpeterson@atplive.com or fax 403-294-7493