



AVALON
FOUNDATION

Performing Arts Programs for Kids ~ Grades K - 8

AVALON THEATRE ~ Summer 2019

Which program have you signed up for? **Please circle:** Petite Players Curtain Call Curtain Call Jr Plein Air Disney's Cinderella

Student Name: _____ Nickname?: _____

EMERGENCY CONTACT INFORMATION

Please list **THREE** emergency contacts, in the order they should be called, and **ALL** accessible phone numbers for each:
(*Example: 1. Mom - Mrs. Anna Jones - work - 410-555-1234, cell - 410-555-5678, home- 410-555-7890*)

1. _____
2. _____
3. _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

School: _____ Entering Grade Level: _____

Age (as of First Day of Camp): _____ Date of Birth: _____

Parent/Guardian Name: _____ Parent's e-mail: _____

If this is your first time enrolling in an Avalon camp, please tell us where you heard about this program?

********* Any special concerns or issues, including medical/allergies, our staff should know about?: _____

Special Skills / Talents : _____

Other Hobbies or Interests: _____

If applicable, please list any performing arts training (music lessons, dance classes, etc.):

If applicable, please list in school and out of school performing arts experiences (plays, concerts, recitals, etc.):
