



BCAPA

MUSICAL THEATRE CAMP

AUGUST 12-14, 2021

TODAY'S DATE _____

STUDENT NAME _____

CURRENT AGE & DOB _____

PARENT/GUARDIAN NAME _____

PHONE _____

EMAIL _____

SECONDARY CONTACT NAME _____

PHONE _____

EMAIL _____

ALLERGIES & OTHER CONCERNS:

EMERGENCY CONTACT(IF DIFFERENT FROM ABOVE)

NAME _____

PHONE _____

CLASSES YOU'D LIKE TO TAKE: