Stude	nt Name (and nick	cname)		
Age		Grade in Fall 20	14	Gender
 Paren	ts/Guardians			
Addre	ess			
City		State	Zip	
Please	e provide Home, V	Work and Cell Pho	one (circle bes	t #)
 Email	Address	Check your choice	o(c).	
		ne 16-27 th Ages		om \$375
		dvanced Camp- ission only 9am-		
	Session 2 — Ju \$250	ly 14-25 th Ages	5-7 9am-12:	30pm
	Session 2— Ju	ly 14-25 th Ages	8-15 9am-4p	om \$375
	se circle if class d added to wait PLEASE A	•	·	your
the rer Payme	is a \$100 non-refun maining balance due ent plans are availab first day of camp. (on or before the findle but you need to r	rst day of the se request one wel	ession. l in advanc
I pled	lge a donation to	the Camp Scho	larship Fund	of \$
Total	Amount Enclose	ed:		
Paid v	with (circle one)	Check	Credit Card	
Credi	t Card Number			
 Exp.]	 Date	3-digit Code		

Is there any allergy or special information that the staff needs to know about your child? NO YES (please write us a note)

Please return to:
Asheville Community
Theatre/ Education
35 E. Walnut Street
Asheville, NC 28801

Or Fax to (828) 252-4723

T-Shirts are an additional \$10 per child. Please Circle:

NO—we don't want a T-shirt YES—we want one t-shirt of size: _____

T-Shirt size choices are:

Youth X-Small (Y6-8)

Youth Small (Y10-12)

Youth Medium (14-16)

Youth Large (18-20)

Adult Small

Adult Medium

Adult Large

Adult Extra Large