

Paid _____

NEW BEGINNINGS

2010 OGCMA Summer Theater Experience for Ages 3½ - 7

Registration Fee: \$40 (includes program participation, shirt, and script)

Performance Date: Saturday, July 24, 2010

Name _____

Summer Address _____
Street Town State Zip Code

Summer Phone # _____

Winter Address _____
(If different) Street Town State Zip Code

Winter Phone # _____

Date of Birth _____ Age _____

Parent(s) or Guardian(s) _____

Parent Email Address _____

Emergency Contact _____
Name Phone #

Is there any medical information that we should be aware of? YES _____ NO _____

If YES, please explain _____

Will you be away during the month of July? YES _____ NO _____

Please give dates: _____

Please list any family members (brothers, sisters, cousins, etc.) who will also be participating in New Beginnings:

Parents, we will be taking pictures throughout the summer. Please sign your name if your child's picture can be posted on Ocean Grove related websites.

Signature _____

T-shirt size (circle one): S child M child L child S Adult

Do Not Write Below This Line

Office Use Only

Section: _____
