

Paid _____



NEW BEGINNINGS
2017 OGCMA Summer Theater Experience for Ages 3½ - 7

Registration Fee: \$50
Registration Fee must be paid by July 3, 2017
Performance Date: Saturday, July 22, 2017

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 _____ (must be 3 by 1/1/17)

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): XS child S child M child L child S Adult

Do Not Write Below This Line

Office Use Only

Section: _____
