



# Summer Camp 2018 Registration Form

## Student Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Birthdate & Current Age: \_\_\_\_\_

Parent's Full Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Payment Method:    Check – Please enclose check for the full amount, made out to Shreveport Little Theatre  
                          Cash – If paying with cash, please pay in-person at Shreveport Little Theatre  
                          Credit Card – Please call or bring your card information to Shreveport Little Theatre

I am registering for:

Sophomore [ages 6-9]                  Junior [ages 10-13]                  Senior [ages 14-18]                  (circle appropriate age bracket)

Total # of Students Participating: \_\_\_\_\_ (\$200.00/student)

Total Amount Due/Enclosed: \$ \_\_\_\_\_

If mailing in Registration Form and Payment, please send to:

Shreveport Little Theatre  
Attn: SLTAcademy  
P.O. Box 4853  
Shreveport, LA 71134-0853