

## **Patio Playhouse Acting Academy 2009**

Names and ages of students attending: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Parents E-mail address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_

Does your child have any special medical or educational issues that we should be aware of to provide a safe and positive camp experience? Please explain.

If you are new to Patio Playhouse briefly describe previous dance, vocal and acting experience or training.

Please enclose \$25 per child deposit made out to "Patio Playhouse" and mail to: Patio Playhouse Acting Academy, CO Lynnea Weissman, PO Box 300450, Escondido, CA 92030-0450.