

S.T.A.R.S.

2010 Summer Camp Registration Form

Name _____ Grade _____ Age _____

Address _____

Phone No . _____ E mail _____

Parent/Guardian _____

Work Phone _____ Cell Phone _____

Emergency Contact _____

Phone _____ Cell Phone _____

Health Concerns/Allergies _____

Physicians Name/Phone _____

Should this child require medical attention during camp, we will attempt to contact you immediately using the numbers provided. However, in the event of a medical emergency and we are unable to reach you, your Signature below authorizes the Camp Director to obtain medical care for this child.

Parent/Guardian Signature _____ Date _____

**A \$25 non refundable deposit must
accompany registration form**

Please mail Registration Form to:

Shawnee Playhouse STARS Camp

Po Box 159

Shawnee on Del., Pa 18356

570-421-5093

www.TheShawneePlayhouse.com