



HAMILTON-GIBSON PRODUCTIONS

Community Performing Arts

29 WATER STREET • WELLSBORO, PA 16901

RESERVATIONS: 570-724-2079 • EMAIL: HAMGIB@GMAIL.COM • WEB: WWW.HAMILTONGIBSON.ORG

Theatre Arts Camp Application

Clark Wood School, Elkland June 11, 12, 13, 14, 18, 19, 20, 21; Performances June 21 and 22

Name of Applicant: _____ Grade completed: _____

Address: _____

Name of Parent/Guardian: _____

Telephone:(Home) _____ (Work) _____

E-MAIL: _____ (Cell) _____

PLEASE CIRCLE T-SHIRT SIZE:

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

If parent/guardian cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Address: _____

Telephone: _____ Relationship to applicant: _____

Physician's name and phone number: _____

Allergies or medical concerns:

Please let us know if your child has any special needs: _____

My child, _____, has permission to participate in the Theatre Arts Camp. He/she is in good physical condition and has not had any serious illness that would jeopardize him/her or others in the camp. By signing below, I agree not to hold Hamilton-Gibson Productions responsible for any injuries or accidents and agree to bear all responsibility. If my child does not follow the behavioral guidelines of the camp, I understand he/she may be dismissed, without refund. I give permission for photos and recordings of my child may be used for marketing of the camp and HG Productions in printed and social media.

Date _____

Parent/Guardian Signature

Please contact me regarding application for a scholarship.

Please contact me regarding possible transportation to/from Elkland camp.

Please mail completed application form with enrollment fee payable to Hamilton-Gibson Productions to