



AMBASSADOR THEATER
International Cultural Center

SUMMER CAMP 20/ . REGISTRATION FORM

Discovering Polish Legends - The Wawel Dragon

Camp Session July 26, 2010 - August 6, 2010

Monday-Friday from 9 AM - 3 PM and will end with a special show-presentation for parents, friends and siblings.

Camp Location: Source Theatre, 1835 14th Street, NW, Washington, DC 20009

Each group will have special movement and voice training, games, art classes and rehearsals for each day especially designed and taught by professional actors and art teachers. The children will be able to work on their postures, movement, voice, memorization and concentration skills, discover the beauty of Polish culture and be part of the final show of "The Wawel Dragon."

Age Group:

☐ The Dragons - ages 10 - 12

☐ The Highlanders - ages 13 - 16

Registration:

☐ Early Registration (Through 06/15/10) \$500

☐ Regular Registration \$600

Extras: Early Drop off and Extended Day are also available as needed for \$10/hr

☐ Early Drop off (from 8-9 AM) \$60

☐ Extended Day \$300 (from 3-6 PM through 08/05/10. On 08/06 Camp ends with Show at 12PM followed by potluck reception)

PAYMENT FOR CAMP IS DUE within 3 BUSINESS DAYS of REGISTRATION/Receiving Invoice

☐ I am including a money order for the total amount.

☐ Send me a PayPal Invoice to my email: _____

Once we receive and review your Registration we will send you a PayPal invoice for the payment. PayPal takes multiple forms of payment and you DO NOT need to have a paypal account to make a payment.

Please Provide the following information:

Child's Name: _____ Child's Age: _____ Parent Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Please list any known health issues, such as allergies, diabetes, heart conditions, epilepsy, or dietary restrictions:

Release Agreement:

Although every effort is made to provide a safe environment, I recognize there is always a risk of accident. I agree to be responsible for any medical bills incurred resulting from illness or injury during my child's participation at Ambassador Theater International Cultural Center Summer Camp activities and performances. Students are expected to carry their own accident and medical insurance. I release Ambassador Theater International Cultural Center from any liability and/or claims or damages arising out of personal injury of any kind. If necessary, I authorize Ambassador Theater International Cultural Center to administer first aid and/or authorize medical treatment for my child. I have read and accept all of Ambassador Theater International Cultural Center's policies and the release agreement.

Parent/Legal Guardian Signature: _____

You may either print out this form, sign it, scan and send by email to info@aticc.org, or you may also print and mail to:

Ambassador Theater International Cultural Center
Summer Camp 2010 Registration
205 Yoakum Parkway, #1008
Alexandria, VA 22304

Please email us with any questions:
info@aticc.org