



Theatre Camp Registration Form

Summer 2024

Moana, JR.

(Completed 2nd through 8th grade)

Child's Name _____

Grade _____ Age _____

Guardian's Name _____

Address _____

Phone Number _____

Email Address _____

Allergies or medical issues we need to be made aware of during camp:

Theatre Camp Dates

Monday, June 10 – Saturday, June 15

Cost \$125

Campers will need to bring lunch each day, Monday through Friday.

Lunch will be provided Saturday.

Snacks and water will be provided daily.

Theatre Camp Times

Monday, June 10 – Friday, June 14

8:30 a.m. – 5:30 p.m.

Saturday, June 15

8:30 a.m. – 5:30 p.m.

Performance

Saturday, June 15

5:30 p.m.

Admission \$10

Free Admission- Children 6 years old and under

Please fill out the registration form and release forms and email them to

bobby.helms@colin.edu

Forms and checks may also be mailed to:

Bobby G. Helms

Copiah-Lincoln Community College

1028 JC Redd Drive

Wesson, MS 39191



Theatre Camp Registration Form
Summer 2024

Chicago -Teen Edition

(Completed 6th through 12th grade)
(6th through 8th with parental permission)

Child's Name _____

Grade _____ Age _____

Guardian's Name _____

Address _____

Phone Number _____

Email Address _____

Allergies or medical issues we need to be made aware of during camp:

Chicago - Teen Edition

Theatre Camp Dates

Saturday, July 13 – Saturday, July 20

Cost \$125

Campers will need to bring lunch each day, Monday through Friday.

Lunch will be provided Saturday.

Snacks and water will be provided daily.

Theatre Camp Times

Saturday, July 13 – 8:30 a.m. – 5:30 p.m.

Sunday, July 14 – 2:00 p.m. – 5:30 p.m.

Monday, July 15 - Saturday July 20

8:30 a.m. – 5:30 p.m.

Performance

Saturday, July 20

5:30 p.m.

Admission \$10

Free Admission- Children 6 years old and under

Please fill out the registration form and release forms and email them to

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PLEASE READ AND SIGN

In case of an emergency, I grant permission to Copiah-Lincoln Community College permission on our family's behalf to seek medical assistance, if necessary, for my child. The undersigned releases the college from any liability.

Insurance Company _____ Policy # _____

Parent or Guardian Name (please print) _____

Parent or Guardian Signature _____ Date _____

In case of emergency, please indicate an additional contact person we may call if we are unable to reach you.

Name _____ Phone Number _____

Relationship to the child _____



PHOTOGRAPHY RELEASE FORM

I certify that I am the parent or the legal guardian of (printed name) _____
_____, a minor child, and give permission for the
above-named child to be photographed (by Copiah-Lincoln Community College and/or local
media) during rehearsal or performance of ***Moana, Jr*** and/or ***Chicago-Teen Edition***. I
understand the photography may be used for news stories, publicity, and promotion and that
no compensation will be made to the child or me.

Name (please print): _____

Name (signature): _____

Date: _____ -