

Hilltop Hanover Outdoor Theater Workshop 2017 Registration Form

Child's Name:	Nickname:
Address:	
Birth Date:	Grade Entering 2017:
Parent(s)/Guardian(s) Names:	Best email to use:
Emergency Name & Phone Number:	
Does your child have any allergies? If so, please indicate:	
Is there anything else you'd like me to know about your child?	
The workshop runs August 14-18, from 9 am to 3 pm. It's important that the workshop participants come to camp every day, since we will be preparing for a	

The cost of the workshop is \$350. Please make checks payable to Friends of Hilltop Hanover Farm.

performance. The performance will be at 2 pm on August 18.



Emergency Release

I give permission, in the event of an emergency, for first aid to be administered to my child as well as emergency medical treatment, including transportation by ambulance to the nearest hospital, should it be necessary. I understand that every effort will be made to contact me.

Parent/Guardian Signature