

# March Break Camp

## TERMS and CONDITIONS

ALL Programs will run at the Marquee Studio  
73 Industrial Parkway N., Aurora

- 8:00am-9:00am • **FREE BEFORE CARE**
- 9:00am-4:00pm • organized programming  
(prompt attendance during this time is required)
- 4:00pm-6:00pm • **\$30.00 for the week AFTER CARE**

**\$1.00 per minute LATE FEE will be charged after 4:10 pm using the time as indicated on the clock in the GREEN waiting room. Please synchronize your car's clock, watches and/or PDA's to avoid any late fees.**

Last day of camp is held at the Newmarket Theatre culminating in a presentation of their production for parents, family and friends. There is a nominal charge for tickets to this show to help offset the expense of renting the theatre for the entire day.

By signing below, I am allowing my child to participate in all **Marquee Theatrical Productions Inc.** program activities, and I give **Marquee Theatrical Productions Inc.** and it's staff authority to act on my behalf. I release and indemnify **Marquee Theatrical Productions Inc.**, its Directors, Management and employees from any claims for damages arising as a result of any injury or accident, however caused, while my child is participating in a **Marquee Theatrical Productions Inc.** program.

**Marquee Theatrical Productions Inc.** reserves the right to substitute selected shows and production venues based on licensing, and enrollment. Substituted shows will be musicals of same or similar quality. I consent to the use of my child's likeness for publicity purposes. Students should wear soft-soled shoes and comfortable clothing (please no crocs, sandals, skirts or tight jeans) for indoor activities.

Please Initial  
I acknowledge and agree to these Terms and Conditions

A **non-refundable deposit** for **Marquee Theatrical Productions' March Break Program** of **\$130.00** is required with this registration form. Payment of the full registration fee is due as of the start date of the program. No pro-rated refunds will be issued after the completion of the first day of the program.

I accept the above terms and conditions: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

(Please print name) \_\_\_\_\_

Marquee Theatrical Productions

#1-73 Industrial Parkway North  
Aurora, ON L4G 4C4

905-713-1040

info@marqueetheatricalproductions.com

www.marqueetheatricalproductions.com

#1575371 Not-For-Profit Ontario Incorporated



# March Break Camp

**AGES 6-13**

**March 12-16, 2012**



# Jack and the Beanstalk

*...Twisted*

**No Experience Required!**

### Benefits:

- ✓ **Learn Teamwork!**
- ✓ **Learn Goal Setting!**
- ✓ **Increase Self-Confidence!**
- ✓ **Costumes Included!**

### Workshops:

- ✓ **Voice!**
- ✓ **Acting!**
- ✓ **Dancing!**
- ✓ **Stage movement!**

# 905-713-1040



# March Break Camp

**PLEASE READ ALL INFORMATION CAREFULLY**

Our March Break Program runs from **March 12-16th, 2012**  
(see back of this form for hours of operation)

Enrollment Fee - **\$260.00 per child (No HST)**

I would like to register for:

"Jack and the Beanstalk...Twisted" • **5:30pm**  
Performance Date: **Friday, March 16th**

"Jack and the Beanstalk...Twisted" • **7:30pm**  
Performance Date: **Friday, March 16th**

Each camp has 2 separate casts performing at different times on the same night.

Please check your preferred performance time above remembering it's on a first come first served basis:

We will be offering TWO March Break camps per date above to run simultaneously at two locations using the school next door. TWO different casts doing the same show. **Please do your best to place my child in the same camp as his/her friend:**

Name of child \_\_\_\_\_

I understand I will be contacted if this cannot be accommodated.

**Please carefully read and sign the Terms and Conditions on the reverse side.**

Last Name: \_\_\_\_\_  Male  
 First Name: \_\_\_\_\_ Age \_\_\_\_\_  Female  
 1st Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_  
 2nd Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Home Tel: \_\_\_\_\_ Business Tel: \_\_\_\_\_  
 Cellular: \_\_\_\_\_ Other Tel: \_\_\_\_\_  
 Primary Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 1st Parent/Guardian Email: \_\_\_\_\_  
 2nd Parent/Guardian Email: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Health Card: \_\_\_\_\_  
MM | DD | YYYY  
 Emergency Contact Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Carries EPIPEN / Medic Alert: \_\_\_\_\_  
 Please list any medical information, physical or emotional, that may be helpful to our staff: (Asthma, ADD, restroom reminders etc.): \_\_\_\_\_

Check appropriate box:

- Please process **\$130** Non-Refundable Deposit Only.
- Please process the **BALANCE** to my credit card on the first day of camp.
- Please process **FULL** Registration Fee of **\$260**.
- \$30** After Care Needed  NO After Care Needed

Please make cheques payable to "Marquee Theatrical Productions Inc." **Mastercard**  **VISA**   
 Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## OFFICE USE ONLY:

DEPOSIT	DATE	METHOD of PAYMENT	BALANCE OWING
OFFICE USE ONLY			
PAYMENT	DATE	METHOD of PAYMENT	BALANCE OWING

Please return completed form, with payment to: **Marquee Theatrical Productions**