



2009 CAMP APPLICATION

For Office Use Only:

Rec'd _____

PC _____

AP _____

A. CAMPER INFORMATION (PLEASE PRINT CLEARLY)

Name _____ Date of Birth _____ Male Female

Address _____

City _____ State _____ Zip _____ Home Telephone (____) _____

Parent E-mail _____ Child E-mail _____

School _____ Grade _____

Parent's/ Guardian's Name (s) _____

Cell Telephone (____) _____ Office Telephone (____) _____

Emergency Contact _____ Telephone (____) _____

Has your child participated in previous Camp Broadway Programs, if so which programs?

Camper T-Shirt Size (circle one): Child 10/12 Child 14/16 Adult S Adult M Adult L Adult XL

B. 2009 PROGRAM REGISTRATION INFORMATION-TUITION \$1,195.00

Register and pay in a full single payment before February 1, 2008 to receive the discount rate of \$1,095.00

Session 1: Mon, July 13 to Fri, July 17, 2009

Session 2: Mon, Aug 3 to Friday, Aug. 7, 2009

Camp Broadway (Ages 9-11)

Camp Broadway (Ages 9-11)

Check this box If you want to be placed with a friend or relative who is the same age. Please carefully read the details of this offer on our website. It is only available until February 1, 2009.

Friends Name: _____

C. PAYMENT INFORMATION

1. Full Payment is Enclosed (via check or credit card): Amount \$ _____

2. Deposit Enclosed: Amount \$ _____ (50%) Balance Due \$ _____ (50%)

THIS PROGRAM MAKES A GREAT HOLIDAY GIFT! REGISTER BEFORE 12/15/08 AND REQUEST A CAMP BROADWAY® T-SHIRT FOR UNDER THE TREE!

A second payment for the balance is due four (4) weeks prior to the program. No invoice or other reminder will be issued.

3. Payment Method: Check (payable to Camp Broadway) MasterCard Visa American Express

Account # _____ Expiration Date _____

Billing Address _____ City _____

State _____ Zip _____ Name As Listed On Card _____

Signature _____ Date _____

PLEASE FILL OUT APPLICATION AND SEND IT TO:

CAMP BROADWAY® – APPLICATIONS, 336 WEST 37TH STREET – SUITE 460, NEW YORK, NY 10018

*CAMP BROADWAY® Disclaimer: Deposits – A minimum deposit of 50% is due at the time of application. The balance of registration is due not less than four (4) weeks prior to the beginning of the Camp Broadway session. Personal Checks – Make checks payable to: Camp Broadway. Be sure to include the Camper or Participant's name and session(s) the check is to be applied towards. Note: A \$25 processing fee will be applied towards all returned checks. Returned checks will not be re-deposited and replacement personal checks cannot be accepted. Payment can be made by credit card or money order. International checks – A \$20 processing fee is due for international checks or foreign currency conversion payments. Refunds – If you need to cancel after being accepted into Camp Broadway, your deposit is refundable minus a \$50.00 handling fee. Due to the extensive preparations, Camp Broadway cannot offer refunds within one month of, or during, the program.

336 West 37th Street – Suite 460, New York, NY 10018
Telephone: (212) 575-2929 Fax: (212) 575-3125
www.campbroadway.com info@campbroadway.com



2009 APPLICATION FORM

Tell us a little about yourself by answering the following questions on a separate piece of paper. (If you are a returning camper, you do not need to fill out this section, unless you have new information to share with us):

1. Do you take any classes in the performing arts or play a musical instrument? Yes No
If so, describe your activities.
2. Have you ever been involved in a play or musical in your school or community theater? Yes No
If so, describe your experience.
3. What area(s) of the performing arts (e.g., performing, costume or scenery design, stage management, choreography, etc.) most interest(s) you? What do you want to learn about this area?
4. Have you ever seen a professional production of a play or musical? Yes No
If so, what show(s) have you seen?
5. What are your favorite shows and why?
6. Do you aspire to work professionally in the performing arts industry? Yes No
If so, how?
7. Why do you want to attend **CAMP BROADWAY**[®]?
8. Please tell us about your school.
School Name _____ City _____ State _____
School Address _____
City _____ State _____ Zip _____ Phone: _____
Teachers Name: _____
9. Would your teacher like to be included on our Gold Star Educator Mailing List Yes No
If yes, please provide your instructors email address: _____