



**SUMMER 2009**

**CAMP BROADWAY: THE NEXT STEP**

**A. PARTICIPANT INFORMATION (Please Print)**

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 (\_\_\_\_) \_\_\_\_\_

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

Check here if you DO NOT want to be added to our mailing list.

**B. PROGRAM REGISTRATION INFORMATION-TUITION \$1,150.00**

**Session 1: Mon, July 13 to Friday, July 17**

Camp Broadway: The Next Step (Ages 15-17)

**Session 2: Monday, Aug. 3 to Friday, Aug. 7,**

Camp Broadway: The Next Step (Ages 15-17)

(Must be 15 years old in order to participate in this program)

**C. PAYMENT INFORMATION**

- Full Payment is Enclosed: Amount \$ \_\_\_\_\_
- Deposit Enclosed: Amount \$ \_\_\_\_\_ (50%) Balance Due \$ \_\_\_\_\_ (50%)

THE 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 WITH YOUR CHILD'S HEADSHOT/RESUME, OR DETAILED DESCRIPTION OF TRAINING AND PERFORMANCE HISTORY, ALONG WITH A LETTER OF RECOMMENDATION FROM A TEACHER OR INSTRUCTOR TO US AT:**

**CAMP BROADWAY® – APPLICATIONS, 336 WEST 37<sup>TH</sup> 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 the 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 Camp Broadway program.

336 West 37<sup>th</sup> Street – Suite 460, New York, NY 10018  
 Telephone: (212) 575-2929 Fax: (212) 575-3125  
[www.campbroadway.com](http://www.campbroadway.com) [info@campbroadway.com](mailto: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**<sup>®</sup> THE NEXT STEP?
  
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: \_\_\_\_\_