



For Office Use Only:	
Rec'd	_____
Method	_____
Amt.	_____

2009 SHINING STARS APPLICATION

A. CAMPER 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 (____) _____

Has your child participated in previous Camp Broadway programs? If so, please indicate which programs.

Camper 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. Winter Session -TUITION \$500.00

Morning: Mon, Feb 16 to Fri, Feb 20.

Shining Stars (Ages 6-8): 9:00am-12:00pm

Afternoon: Mon, Feb 16 to Fri, Feb 20.

Shining Stars (Ages 6-8): 2:00pm-5:00 pm

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C. Spring Session -TUITION \$500.00

Morning: Mon, April 9 to Fri, April 17.

Shining Stars (Ages 6-8): 9:00am-12:00pm

Afternoon: Mon, April 9 to Fri, April 17

Shining Stars (Ages 6-8): 2:00pm-5:00pm

D. Summer Session -TUITION \$500.00

Session 1 Morning: Mon, July 13 to Fri, July 17.

Shining Stars (Ages 6-8): 9:00am-12:00pm

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

Shining Stars (Ages 6-8): 9:00am-12:00 pm

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

Shining Stars (Ages 6-8): 2:00pm-5:00pm

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

Shining Stars (Ages 6-8): 2:00pm-5:00pm



E. PAYMENT INFORMATION

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

- 1. Full Payment is Enclosed: Amount \$_____
- 2. Deposit Enclosed: Amount \$_____ (50%) Balance Due \$_____ (50%)

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 US AT:

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**--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.



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. Why do you want to attend **CAMP BROADWAY**®?
7. Please tell us about your school.
School Name _____ City _____ State _____
School Address _____
City _____ State _____ Zip _____ Phone: _____
Teachers Name: _____
8. Would your teacher like to be included on our Gold Star Educator Mailing List Yes No
If yes, please provide your instructors email address: _____