

 **CHRISTIAN CHILDREN'S THEATER CAMP 2011** 

REGISTRATION (please print!)

Child's Name _____ Age _____ Grade completed _____

Parent/Guardians _____

Phone #s where parents can be reached during & after CCTC: _____

Home Address _____

Street, City, State, Zip

Persons authorized to pick child up: _____

Health or allergy information _____

Siblings or friends attending CCTC _____

Circle shirt size: YS (6-8) YM(10-12) YL(14-16) Adult Sm. Med. Lrg. XL

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