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DOUG FORDYCE PRODUCTIONS
 2009

SUMMER THEATRE BOOT CAMP
 REGISTRATION FORM

CAMP TITLE	DATES	GRADE FALL '07	TIMES	TUITION	\$FEE
____ JUNIOR TROUPER MUSIC THEATRE CAMP DISNEY'S ARISTOCATS	JULY 27-AUG 7 (2 WEEKS)	3 RD - 9 TH	9 AM - 4 PM	\$320*	
____ JUNIOR TROUPER MUSIC THEATRE CAMP NILES DISNEY'S 101 DALMATIANS	JULY 6-17 (2 WEEKS)	3 RD - 9 TH	9AM - 4 PM	\$320*	
____ SUPER TROUPER MUSIC THEATRE CAMP BUGSY MALONE JR.	JULY 20-24	5 TH - 12 TH	9 AM - 4 PM	\$220*	
____ MADD CAMP MUSIC, ART, DANCE, DRAMA	JUNE 15-19	1 ST - 4 TH	9 AM - 4 PM	\$185*	
____ FUTURE STARS CAMP AMERICAN IDOL-TYPE PERFORMANCE CAMP	JUNE 22-26	4 TH - 9 TH	9 AM - 4 PM	\$185*	

TOTAL CLASS FEES \$ _____

OFFICIAL DISNEY REHEARSAL CD (MUSIC THEATRE CAMPS, ONLY) (ADD \$15) \$ _____

OPTIONAL SUMMER BOOT CAMP T-SHIRT (SIZE _____) (ADD \$15) \$ _____

***DISCOUNTS:** DEDUCTION FOR SCHOLARSHIP (AUTH. # _____) \$(_____)

*DEDUCT **\$25** FOR THE EARLY BIRD REGISTRATION. IN ORDER TO RECEIVE THE EARLY BIRD DISCOUNT, REGISTRATIONS MUST BE RECEIVED AND/OR POST MARKED BY **JUNE 1, 2009** \$(_____)

REGISTRATION INFO:

TOTAL \$ _____

Student's Name:	Home Phone:	
Address:	Work Phone(s):	
City/State/Zip:	Cell Phone(s):	
Parent(s) Name(s):	Grade this fall ('09):	Age this fall ('09):
Parent(s) E-mail Address:		
Emergency Contact Name (nearest relative or friend):	Emergency Contact Phone:	

PLEASE READ AND SIGN THE FOLLOWING WAIVER:

I agree to release and discharge Doug Fordyce Productions, LLC and its officers, directors, employees, volunteers and agents of and from any claims, demands, or liability of damage arising from the participation of my student in any classes or programs sponsored by Doug Fordyce Productions, LLC. I also give permission to Doug Fordyce Productions, LLC, without limitation or obligation, to photograph or videotape my student in relation to their participation with Doug Fordyce Productions, LLC. Photographs or videotape may be used for archival or promotional purposes. I also agree that there will be no registration refunds after June 1, 2009.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Mail **Registration** form together with **check made payable to "Doug Fordyce Productions, LLC"** to:
 DFP P.O. Box 224 Stevensville, MI 49127

To Pay by Credit Card:
 Name on Card _____ Billing Address if different from registration:
 _____ City _____ ST _____ Zip _____

Visa/MC/Discover# _____ / _____ / _____ / _____ Exp. Date _____ / _____

Signature: _____

For the Early Bird Discount, registrations must be received and/or postmarked by : June 1, 2009