

Poprocks Day Camp Form

Performer's Name and age: _____

Parent's Name: _____

Address: _____

Home Telephone Number: _____

Alternate Phone Number: _____

Email Address: _____

Emergency Contact Information

1. Name: _____ Relation to Child: _____

Phone Number: _____ Alternate Number: _____

2. . Name: _____ Relation to Child: _____

Phone Number: _____ Alternate Number: _____

Payment Information: (circle one)

VISA

MasterCard

Cheque

Credit Card Number: _____ Expiry Date: _____

Name on the Card: _____

Enrollment Date(s): (check all boxes that apply)

Dec. 26

Dec. 27

Dec. 28

Dec. 29

Dec. 30

Jan. 2

Jan. 3

Jan. 4

Jan. 5

