



PAPA Camp 2010 Registration

August 16 – 27, 2010



Camper's Name: _____

Birth Date: _____ Age at camp: _____ Male Female

Mailing Address: _____

City/State/Zip: _____

Mother's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Email Address: _____

Parents are: Living together Living separate

I have friends who are interested in PAPA Camp. Please mail them information.

Name/Address: _____

Name/Address: _____

\$1250/camper

\$350 non-refundable deposit due upon registration. Remaining balance due June 1, 2010.

Register before 2/22/10 and pay \$1150.00

Sibling Discounts

Only 1 discount applies per camper.

Payment Options:

- Check enclosed
- Please charge \$ _____ to my credit card. CC# _____ Exp. ____ / ____
Name on card _____

Print and mail registration form to:

PAPA Camp - Seacoast Repertory Theatre
 125 Bow Street www.papacamp.org
 Portsmouth, NH 03801 (603) 433 - 4793 ext. 125
 LNelson@seacoastrep.org