



Theatre on Main Summer Camp Registration

Student's Name: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

Class Name/Instructor: _____

Class #: _____ Course Code: _____ Class Date: _____ Class Fee: _____

Payment is due with registration; participation is not confirmed until payment is received.

Visa _____ MasterCard _____ Discover _____

Name on Card: _____

Card #: _____

Card Code: _____ Amount on Card: \$ _____

Signature: _____

Check Enclosed _____ Cash _____ Money Order _____

***Please make check payable to Theatre on Main and mail with Registration Form to:
Theatre on Main
Sandra Manfrin, Treasurer
PO Box 144
Oconomowoc, WI 53066
Confirmation will be sent to your email address or home address. Thank You!***