



Summer Workshops

Registration Form

Child's Name: _____

Age: _____ Grade Completed as of 6/2010: _____

Address: _____
Street Address

_____ City State Zip Code

Name of Workshop: _____ Date: _____

Parent/Guardian Name: _____

Emergency Phone Number: _____ Email: _____

Second Emergency Contact: _____

Relationship to child: _____ Phone Number: _____

Any medical conditions you want to share with us? (Allergies, medications, etc.)

There is a good possibility there will be news coverage of this event. If you prefer not to have child photographed, please indicate below. Check the box and sign your name.

_____ Signature: _____

Please mail registration form and the fees to:
Hershey Theatre
PO Box 395
Hershey, PA 17033
Make checks payable to: The Hershey Theatre