



2009 Summer Session:  
Jun 8-Aug 8

Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Rising Grade \_\_\_\_\_

By participating in classes, I grant FRP permission to take pictures & audio or video recordings of the above student as part of class/performance for publicity & promotional purposes.

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_

**Registration at the R.R.F. Education Center, 1855 Little River Rd. Flat Rock: 828.693.3517. Secure drop-box is available when staff is unavailable.  
FAX your form with CC info to us at 828.693.3518**

**Checks payable to Flat Rock Playhouse • PO Box 310, Flat Rock, NC 28731**

Camp Code \_\_\_\_\_ Tuition \$ \_\_\_\_\_

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Camp Code \_\_\_\_\_ Tuition \$ \_\_\_\_\_

**(One form per student, please) TOTAL DUE \$ \_\_\_\_\_**

**\$5 per student discount for multiple family members**

Credit Card # \_\_\_\_\_

Expiration \_\_\_\_\_