

HfA DRAMA PROGRAM REGISTRATION

STUDENT FIRST NAME, LAST NAME		GRADE	DATE OF BIRTH	
LEGA	L GUARDIAN(S) FIRST NAME, LAST NAME			
EMAII	ADDRESS			
MAILI	NG ADDRESS (NUMBER, CITY, PROVINCE, POSTAL CODE)			
HOME PHONE		CELL		
	MATION HFA SHOULD BE AWARE OF (MEDICAL OR OTHER) TO EIENCE POSSIBLE.	HELP ENSURE THE ST	TUDENT HAS THE MOST POSITIVE	
	2020 DRAMA PR	OGRAMS		
	PLEASE SELECT FROM	/I BELOW		
	PA DAY CAMP APRIL 30 9AM-4PM \$35+hst GRADES 1-4 A fun and interactive day of drama. The camp introduces children to the basic elements of performing for an audience. Confidence and creative expression is developed through drama games, character building and costume play.			
	SATURDAY MORNING DRA MAY 2 to JUNE 6, 2020 (5 se			
	THEATRE CRAFT JK-GRADE 3 9am-10am Theatre skills are developed through, story building, character creation, improvisation and performance techniques. Students will learn how to transform their unique ideas into a play form.			
	PLAY CREATION GRADES 4-8 10:30am-11:30am Through improvisation, and character exploration, students collaborate to create their own short performance and present it at the HFA Studio on the final weekend of the term.			

HUNTSVILLE festival of the arts	FULL NAME OF PAYER				
	CHEQUE	☐ CHEQUE (Make payable to Huntsville Festival of the Arts)			
BY MAIL: P.O. Box 5465, Huntsville, ON P1H 2K8	☐ VISA ☐ MASTERCARD ☐ AMEX				
BY EMAIL:	Credit Card #:				
dan@huntsvillefestival.ca	Expiry Date	:	CCV:		
CALL 705-788-2787 TO ARRANGE IN	Signature:_				
PERSON REGISTRATION	Date:				
REGISTER	PAYMENT				
STUDENT FIRST NAME, LAST NAME			 GRADE	S M L XL	
STODENT FINST NAME, LAST NAME			GIVADL	1001111-31111(1 312)	
				S M L XL	
NAME OF SIBLING		_	GRADE	YOUTH T-SHIRT SIZE	
Emerge	ency Cont	act Info	ormation	1	
PRIMARY EMERGENCY CONTACT	RELATIONSHIP TO STUDENT(S)				
TELEPHONE	TELEPHONE (OTHER)				
SECONDARY EMERGENCY CONTACT	RELATIONSHIP TO STUDENT(S)				
TELEPHONE	TELEPHONE (OTHER)				
If you have more than two child Please contact the HfA a	•	•			
DATE		IGNATURE	OF PARENT C	DR GUARDIAN	



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DATE

Participant's Release Form

THIS RELEASE FORM MUST BE SIGNED AND SUBMITTED TO HUNTSVILLE FESTIVAL OF THE ARTS BEFORE THIS REGISTRATION CAN BE PROCESSED AND CONFIRMED.

years Drama fully in such p accide Activit beyon inden	I am the parent or legal guardian of:					
I cons School I expre	ol of the Theatre and related institutional promotional purp essly release the Theatre, its officers, directors, agents, en ims for invasion of privacy, defamation, infringement of c	s and video) of the Student in connection with the Drama oses throughout the world and without any compensation aployees, licensees and assigns from and against any and opyright or any other cause of action that may arise out of				
	I do not consent to the photo release statement above. I hereby irrevocably release the Theatre from any and a with the foregoing.	ll claims for libel and invasion of privacy in connection				
I, the (undersigned, have read the above and agree to its terms	:				
PRINT	ED NAME OF PARENT OR LEGAL GUARDIAN (IF STUDE	ENT IS UNDER 18 YEARS OF AGE)				

Please submit this package in one of the following ways:

- Email directly to Huntsville Festival of the Arts at dan@huntsvillefestival.ca
- Mail to HfA: PO Box 5465, Huntsville, Ontario, P1H 2K8
- Call 705-788-2787 to arrange drop off

SIGNATURE