



# 2019 SKETCH TEENS CAMP REGISTRATION

Child's Last Name: \_\_\_\_\_ Child's First Name \_\_\_\_\_  
Gender:    Female        Male        Age: \_\_\_\_\_        T-Shirt Size \_\_\_\_\_  
Home address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country \_\_\_\_\_ Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

Parent/Guardian's name(s) \_\_\_\_\_

Parent/Guardian's day phone \_\_\_\_\_

Parent/Guardian's cell \_\_\_\_\_

Person(s) authorized to pick up child  
(Please provide a copy of their ID)

Other dismissal arrangements \_\_\_\_\_

Emergency contact\* \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Specify your child's health problems \_\_\_\_\_

Is your child on any medication?    No        Yes    Please specify

**Lunch:** Please have the child bring his/her lunch each day. Refrigerators will be available for your child to store his/her lunch.

**Payments:** Tuition may be paid by Paypal, check, credit card or cash. Payment secures your spot. Make the check payable to: **Sketchworks Comedy**.

### Contact Information

For more information, contact Sanna Haynes, Education Director  
Email: [sanna@sketchworkscomedy.com](mailto:sanna@sketchworkscomedy.com).

How did you find out about us? \_\_\_\_\_

SIGNATURE OF  
PARENT OR GUARDIAN

DATE

