



2020 SKETCH TEENS CAMP REGISTRATION

Child's Last Name: _____ Child's First Name _____
Gender: Female Male Age: Youth 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 Maria Liatis, Education Director
Email: classes@sketchworkscomedy.com.

How did you find out about us? _____

SIGNATURE OF
PARENT OR GUARDIAN

DATE

