



CHILDREN'S PLAY HOUSE OF SAN JOSE  
 SUMMER SPECTACULAR REGISTRATION FORM  
 Please fill out *completely!*

www.childrensplayhouse.org

**June 14 – 24, 2010 Summer Spectacular**

*\$200 for the two weeks- register by June 7 and receive \$10 off the registration fee.*

All participants will meet from 9 a.m. to noon each day, Monday – Thursday for the two weeks. No classes on Fridays. Participants will be cast in a scene study and spend their time learning their songs and movements while learning new theater techniques.

**A performance will be held on Thursday, June 24 at noon.**

CAMP LOCATION: OAK GROVE HIGH SCHOOL AUDITORIUM, 285 BLOSSOM HILL RD. SAN JOSE 95123  
 CORNER OF BLOSSOM HILL RD AND LEAN AVE.

THE "BRING A FRIEND" DISCOUNT APPLIES TO OUR SUMMER PROGRAMS AS WELL.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Home Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_  
 E-mail address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

PLEASE GIVE US EMERGENCY CONTACT INFORMATION IN ORDER OF CONTACT

	NAME	PHONE NUMBER	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Is there any information you feel we should know about the participant? (i.e., allergies, behavior issues, medication, etc.)

If yes, please explain in as much detail as necessary:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the participant have any performing experience? (CPH, CMT, school plays, church programs, dance, etc.)

If yes, please explain -if no previous experience; simply indicate "none" (experience not required):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MAIL THIS FORM ALONG WITH YOUR REGISTRATION CHECK TO:**  
 CHILDREN'S PLAY HOUSE, 5933 SHAWCROFT DR. SAN JOSE, CA 95123