

# ÉTÉ DES RÊVES 2016 REGISTRATION FORM

**Return Forms and Payment to:**

Théâtre du Rêve, ATTN: Summer Camp  
P.O. Box 78341, Atlanta, GA 30357

**Or Scan and Email to:**

caitlin@theatredureve.com

**CAMP INFORMATION:**

**WHEN: One Week Only! June 13<sup>th</sup>-18<sup>th</sup>** (MTWF 9am-6pm, TH 9am-7:30pm, SAT 8:30am-5pm with performances at 10am and 2pm)

**WHERE:** The Lovett School, Middle School Bldg  
4075 Paces Ferry Road Northwest,  
Atlanta, GA 30327

**COST:** \$325 per camper per week (includes materials, tuition, dinner on Thursday, and lunch on Saturday)  
Students provide their own snacks and lunch.

**Registration due by June 10<sup>th</sup>. Payment due by 1st day of 1st camp.**

**REGISTRATION:**

**First child:** Camper's Name: \_\_\_\_\_

Grade in Fall 2016: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Second child:** Camper's Name: \_\_\_\_\_

Grade in Fall 2016: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*please provide the information above for any additional children from the same family on the back*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you interested in integrating French into your camp experience?

\_\_\_ NO \_\_\_ YES - Please indicate level of French \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's E-mail address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Cost Calculator:**

Item	Cost Per Item	Quantity	Subtotals
Full Camp Early Bird	\$300/child		
Full Camp	\$325/child		
		<b>TOTAL:</b>	

Payment Method:

(Check one)

Check # (made payable to Théâtre du Rêve): \_\_\_\_\_

or Credit Card: Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_