

**AVALON THEATRE COMPANY  
Summer 2010  
THEATRE DAY CAMP**

**CONFIDENTIAL CAMPER PROFILE**

*We want to assure that your child has a happy, healthy, and productive theatre experience. We suggest that this form is filled out jointly by parent and camper.*

CHILD'S NAME: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

CHILD'S SCHOOL \_\_\_\_\_

YEAR/GRADE IN SCHOOL (as of Sept. 2010) \_\_\_\_\_

Prior theatre/music/dance artistic experiences and lessons

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Musical instrument(s) played (and number of years played.)

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Is the camper enthusiastic about coming to camp?

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Does camper have any fears or worries that we should know about?

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How would you describe your child? (Shy, outgoing, quiet, timid etc.)

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