

GRUMBLING GRYPHONS THEATER ARTS CAMP 2017

REGISTRATION FORM

Grumbling Gryphons Theater Arts Camp for Children ages 6 – 16

Drama, Dance, Music & Art

Directed by Leslie Elias with Actors, Artists & Musicians

Held at Cornwall Town Hall, 24 Pine Street, Cornwall

Sunday, July 30th – Sunday, August 6th (8 days)

9:30 AM - 3:00 PM (\$400 for 8 days)

Half Day Morning Option: 9:30 AM-12:00 PM (\$200 for 8 half days)

Half Day Afternoon Option: 12:30 PM-3:00 PM (\$200 for 8 half days)

Public Performance on Sunday, August 6th, 2:00 PM at

Cornwall Town Hall, 24 Pine Street, Cornwall, Connecticut 06753

NOTE: Please provide both Lunch and Snack for your child each day

Extra Snacks, Juice and Water will be provided by Gryphon Camp

Volunteers Needed for Help with Snacks, Backstage, Costumes, Painting Scenery, Setting up Chairs, Helping with The Program, etc. Please indicate if you are interested in helping in any of these capacities!

Early Bird Registration Discount \$25.00 (by May 1st) • Special Discounts for Siblings! \$25.00 per child

Scholarships Available (learn more at our website)

For further information call Leslie Elias-Director at 860-672-0286 or

e-mail: grumblinggryphons@gmail.com • Website: www.grumblinggryphons.org

To register please complete form below and send with check payable to:

Grumbling Gryphons, 29 Lake Road, West Cornwall, CT 06796

Thank you and we are looking forward to a fun Gryphon Camp 2017!

Grumbling Gryphons is a 501(c)3 non-profit tax-exempt organization and contributions are welcome and fully tax-deductible.

Child's name(s) _____ Age _____

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Grade entering in September _____

Full Day: 9:30-3:00 (Fee: \$400.00)

Morning Half Day: 9:30-12:00 (Fee: \$200.00)

Afternoon Half Day: 12:30-3:00 (Fee: \$200.00)

Parent's name(s) _____

Address _____

Home phone # _____ Cell # (s) _____

E-mails of BOTH parents if relevant _____

Emergency Contact Name & Phone: _____

Deposit of \$175.00 due by May 15th

Amount Enclosed _____ Total Amount Due (by June 1st) _____

Special Needs for your child: _____
