

# **GRUMLING GRYPHONS THEATER ARTS CAMP 2026**

## **REGISTRATION FORM**

Directed by Leslie Elias - Artistic Director  
with a staff of professional actors, musicians and visual artists

*Please complete the form on the following page and return, with payment to Grumbling Gryphons, to register for Theater Camp.*

**Monday, July 27th - Friday, July 31st: 9:30 - 3:30 in Cornwall, CT**

**A One Week (Five-Day) Theater Arts Intensive, in Drama, Art, Music, Movement and Storytelling - *from Improvisation to Performance!***

**WHERE: *Grumbling Gryphons Headquarters***  
*29 Lake Rd West Cornwall, CT 06796*

Rain Location: Housatonic Valley Regional Highschool  
246 Warren Turnpike Rd, Falls Village, CT 06031

**Time of Performance, July 31st at 5:30 pm.**

*Performance will be followed by refreshments and open to the public.*

**Cost: \$500.00**

Sibling Discounts: for each additional child, deduct \$25.00

Early Bird Discount of \$25.00 if paid in full by Monday, April 20th  
(Please provide a snack for your child each day)

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

For further info call:

**Leslie Elias-Director at 860-672-0286 (landline) 860-248-9997 (Cell)**

**[grumblinggryphons@gmail.com](mailto:grumblinggryphons@gmail.com) • Website: [www.grumblinggryphons.org](http://www.grumblinggryphons.org)**

**Thank you!**

**REGISTRATION FORM for Grumbling Gryphons Theater Camp**  
*Monday, July 27th - Friday, July 31st, 2026*

Please download, print & fill out REGISTRATION FORM and Send with Payment  
to: Grumbling Gryphons 29 Lake Rd. West Cornwall, CT 06796

Child's name(s) \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Child's name(s) \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Grade(s) entering in September \_\_\_\_\_

Five Days: 9:30-3:30 (Fee: \$500) - Sibling Discount for 2nd child is \$25.00

Early Bird Discount of \$25.00 (*If registered & paid in full by April 20<sup>th</sup>, 2026*)

PLEASE PROVIDE INFORMATION below to enroll your child

Address \_\_\_\_\_

Parent One Name \_\_\_\_\_

Cell # (s) \_\_\_\_\_ E-mail \_\_\_\_\_

Parent Two Name \_\_\_\_\_

Cell # (s) \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact Name & Phone \_\_\_\_\_

Deposit of \$100.00 due by May 15th, 2026

Checks Payable to: Grumbling Gryphons

Amount Enclosed \_\_\_\_\_

Total Amount Due (by Day Camp Starts) \_\_\_\_\_

Special Needs or Concerns for your child \_\_\_\_\_

If you have any questions, call or email [grumblinggryphons@gmail.com](mailto:grumblinggryphons@gmail.com) -

860-672-0286 - [www.grumblinggryphons.org](http://www.grumblinggryphons.org)