



SUMMER ACTING CAMP AGES 6-17

CAMPER'S NAME _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT'S NAME _____ PHONE _____

PARENT'S NAME _____ PHONE _____

PARENT EMAIL _____

PAYMENT TYPE: Credit Card #: _____ Exp _____ Amt _____

Check #: _____ Amt: _____ Cash: _____ Amt: _____

Mail To:

Gilbert Theater

P.O. Box 53704

Fayetteville, NC 28305