

SUMMER FUNNER THEATER
and Springs Community Church
PRESENT



Winifred's
Big Top
Adventure

Learn about theater arts, drama, singing, dancing, special effects
and lots more!

Get a CD of the show, a really cool T-shirt,
fantastic snacks, awesome crafts
and a chance to be a star!

July 7-11, 9 AM - Noon

Friday Evening Performance, July 11; 7:00 PM

Springs Community Church (Woodmen and Lexington)

\$50 for K-6th Graders and \$20 for 7th Grade-H.S. Group Leaders

Scholarships available upon request.

Please make check payable to **SUMMER FUNNER THEATER** and **mail** with the bottom portion of this form
to: Misti Johnston, 30 Midland Rd., Colorado Springs, CO 80906. For information, call 578-3025.

Registration Deadline is June 30, No Refunds after July 1

***** Limited availability, spaces fill up fast! *****

Registration for:
Summer Funner Theater
Winifred's Big Top Adventure

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Misti Johnston, 30 Midland Rd., Colorado Springs, CO 80906
For information, call 578-3025

Teen/Child's First & Last Name	Fall 08 Grade	M/F	Shirt Size*	Friend they want to be with (same grade)
1. _____	_____	___	_____	_____
2. _____	_____	___	_____	_____
3. _____	_____	___	_____	_____
4. _____	_____	___	_____	_____
5. _____	_____	___	_____	_____

*T-shirt sizes available in child (S or M), Adult (S, M, L, or XL). Indicate "A" – Adult or "C" – Child & size (shirts run small)

ADULTS: Adults who help for five days will receive a half price discount for their first child.

Mom Group Leaders will also receive a free T-shirt.

_____ 5-day Helper

_____ Group Leader

_____ Other

Parent Name _____ E-mail for confirmation _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work _____ Cell _____

Emergency Name and Number _____

Food Allergies (Springs Community is peanut/dairy) _____

MEDICAL RELEASE INFORMATION

Medical Insurance Company _____

Policy # _____ Hospital Preference _____

Medical Conditions/Allergies _____

I, who by law may do so, authorize the administration of medical treatment to she/he who is subject of this form. I understand all reasonable safety precautions will be taken by Summer Funner and Springs Community. I do not hold Summer Funner or Springs Community or its agents liable for any accident, injury or disease by the subject of this form. I understand that in the event medical intervention is needed every attempt will be made to contact me immediately.

Parent/Guardian signature _____ Date _____