



**SUMMER FUNNER THEATER  
& Springs Community Church**



**PRESENT  
JESUS IS THE ROCK HOP II**

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

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

**JUNE 20-24, 9 AM - Noon**

**Friday Evening Performance, June 24; 7:00 PM**

**Springs Community Church**

**(Woodmen and Lexington)**

**\$40 for K-6<sup>th</sup> Graders**

**\$20 for 7<sup>th</sup> 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.  
Additional registration forms available @ [www.summerfunner.org](http://www.summerfunner.org)**



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**Registration Deadline is June 6<sup>th</sup>. No Refunds after June 6<sup>th</sup>.**

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

Teen/Child's First & Last Name    Fall2011 Grade    M/F    Shirt Size\*    Friend they want to be with. (same grade)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*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 \_\_\_\_\_

Address \_\_\_\_\_ **ZIP** \_\_\_\_\_

Home phone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail for confirmation \_\_\_\_\_

Emergency Name and Number \_\_\_\_\_

Food Allergies (Springs Community is peanut/dairy free.) \_\_\_\_\_

**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 \_\_\_\_\_