

## **2024 Application**

PLEASE ATTACH RECENT PHOTO OF CAMPER

**IMPORTANT** 

1147 Ashland Ave, Evanston, IL 60202 ~ P: 847.867.1356 ~ E: harandcamp@gmail.com

## PLEASE FILL OUT BOTH SIDES COMPLETELY

Name of Camper:		Gender:				
Address:	City	City:		Zip:		
Birth Date:	Ag	Age at Camp:Grade in 202		n 2024/25:		
School in 2024/25:						
Previous Arts Training or Exp	erience (not require	d):				
	•	,		Years:		
				Years:		
Previous Camp Experience	(not required):					
				Years:		
				Years:		
How did you find out about	Harand Camp?					
In addition, each camp Please inc	er will sign up for a variety dicate your preference as or binding as campers will n Creative WritingDanceFilm/VideoFine Arts (painting)GuitarHealth & FitnessImprovMartial ArtsOne-Act Plays	Stage Management	recreation artment. In they arrive ar	onal activities.  We at camp.  The atre  The a		
Preferred Email:						
Additional Parent/Guardian	:					
Preferred Email:		Preferred Phone:				
List siblings of the camper:						
Name:	Age:	Name:		Age:		
Name:	Age:	Name:		Age:		

Parent or Guardian must sign agreement on other side!

## **2024 TUITION AND FEES**

A. C	camp Tuition: (PLUS	S WI Sales Tax	and Person	al Cos	sts noted ii	n sections B & C)		
		ek Session						
		on (3 weeks) on (3 weeks)						
		on (6 weeks)	•		, .			
Tuitior	NENT PLANS ARE AVAILABED COVERS FOOM & board; ies; outings (bus travel); of the contract of th	arts & activity c	lasses; recreation	onal ac	ctivities; cost	umes; scripts & music;		
B. Fo	ees and Charges <ul><li>Wisconsin Sales 1</li></ul>	•			)			
<ul> <li>Enroll</li> <li>A nor</li> <li>A sec</li> <li>If enroll</li> <li>To sec</li> </ul>	<ul> <li>A <u>non-refundable</u> deposit of \$500 must accompany this application*</li> <li>A second <u>non-refundable</u> deposit of \$500 is due by February 15, 2024*</li> <li>If enrolling after February 15, both deposits (\$1,000) are due with this application</li> </ul>							
		<b>PAYME</b>	NT METHO	<u>D</u>				
	_CHECK (payable to I	Harand Camp o	of the Theatre A	Arts)	Payment Amount:			
	_CREDIT CARD*:	MasterCa	rdV	/isa	Payment	Amount:		
	Name on Card:							
	Card Number:				_Exp. Date:			
					_Zip Code:			
	*A 3% processing fee wi	ll be applied for a	II credit card pa	yments	after the initio	ıl \$500 deposit.		
			REEMENT					
						onship)		
(camper name	e)	into Ho	arand Camp	and a	gree to the	terms specified above.		
						Full Six-Week Session		
Please indic	ate if permission is gra	inted with a "y	es" or "no": _		Swimming	Outings & Trips		
Please list ar	ny special dietary restr	rictions or aller	gies:					

\_Date: \_\_\_\_\_

Parent/Guardian Signature: