

INFORMATION/LIABILITY FORM

Children Participating in **ROBINSON CRUSOE** – July 7 -12

Auditions: Monday July 7 @ 10am

Performance: Saturday – July 12 @ 3pm

Required Grade Range – Completed K – 12th grade

NAME: _____

AGE: _____

PARENT'S NAMES: _____

ADDRESS _____

CITY _____

PHONE _____ CELL/WORK _____

REGISTRATION FEE: \$25.00 DEADLINE JULY 4

PLEASE READ AND SIGN BELOW:

I GIVE MY PERMISSION FOR MY CHILD TO PARTICIPATE IN THE MISSOULA CHILDREN'S THEATER PRODUCTION: **ROBINSON CRUSOE**

MY CHILD WILL BE PRESENT FOR ALL REHEARSALS AND THE **JULY 12 – 3PM** PERFORMANCE.

I ASSUME ALL LIABILITY FOR MY CHILD IN CASE OF SICKNESS OR ACCIDENT.

SIGNED: _____

DATE: _____

RELATIONSHIP TO CHILD: _____

Please mail information and \$25.00 check payable to:

HPCAC
PO Box 266
Hawkinsville, Ga. 31036

