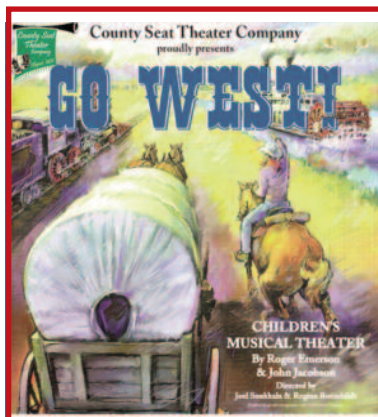


# County Seat Theater Company

## 2017 Children's Theater Workshop Registration Form

LOCATED AT THE ENCORE! PERFORMING ARTS CENTER, CLOQUET



There's gold in them thar hills! Adventurers are making their way west to chase the promise of the American Dream. Go West discovers that real gold is discovered in the ideas and inspiration derived from new lands, fresh starts and attainable dreams abundant in the promises of the land of the free.

**Performances:**

June 16 & 23

Aug. 4 & 18

at 1 p.m. & 7 p.m.

**General Admission**

**Tickets:**

**\$6 Adults, \$4 Students**

**June 16, 23, Aug. 4 & 18**

4 Weeks of Camp - Over 160 Kids!

Musical by John Jacobson & Roger Emerson

Directed by

Joel Soukkala & Regina Roemhildt

Proudly Sponsored by

Sappi Fine Paper • Carlton Area Lions Club  
Fond du Lac Tribal & Community College  
Shooting Stars Dance • Como Oil & Propane  
& Sue Brown Chapin Watercolors

### CHOOSE FROM 4 WEEKS!

Rehearsals Monday-Friday, 9 a.m. - 2 p.m. each week.

With Performances each Friday at 1 p.m. & 7 p.m.

**WEEK 1 - June 12-16**

**WEEK 2 - June 19-23**

**WEEK 3 - July 31-Aug. 4**

**WEEK 4 - August 14-18**

Pre-registration is required.

Payments must be made at time of registration.

No refunds for cancelations after May 1, 2017

*Participants must have completed 1st grade.*

**Cost is \$55 first child, \$45 each additional child**

**Limited to first 40 children each week**

*Scholarships available upon request, call for information.*

Questions call 878-0071

Complete form and mail with payment to

County Seat Theater

2035 Hwy 33 South, Cloquet, MN 55720

## CHILDRENS THEATER REGISTRATION FORM

Make Checks payable to County Seat Theater

NAME OF CHILD	GRADE COMPLETED	T-SHIRT SIZE (Adult XL, L, M, S, Youth L, M)	PLEASE REGISTER MY CHILD FOR WEEK:	
			1st Choice	2nd Choice
			WEEK 1 June 12-16	WEEK 1 June 12-16
			WEEK 2 June 19-23	WEEK 2 June 19-23
			WEEK 3 July 31-Aug. 4	WEEK 3 July 31-Aug. 4
			WEEK 4 August 14-18	WEEK 4 August 14-18

Please include any allergies, medications, etc., on back side of this form.

Parent or Adult Contact \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_

I understand that by signing this form, I do not hold the County Seat Theater Co. responsible for any loss of personal belongings or injury caused by my child's misbehavior. I understand that I will be responsible to pick up my child promptly at the end of each day and will provide them with proper snacks and lunch. I understand that this camp is a learning tool and should be treated as that, any child misbehaving or being disrespectful to the space or volunteers will be asked to leave without refund. I understand that there is no refund for cancelation after May 1, 2017.

SIGNATURE REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_