



Cucalorus Kids Camp Enrollment Form
Saturday November 5 2005
10:00 am-3:00 pm
Jengo's Playhouse 815 Princess Street

Child's Name: _____

Age: _____

Parent's Name(s): _____

School: _____

Daytime phone: _____

Grade: _____

Other Phone(s): _____

Address: _____

email: _____

Zip Code: _____

Emergency Contact: _____

*****Lunch will be provided. Hooray! Does your child have any food allergies or dietary restrictions that we should know about?

Total for Cucalorus Kids Camp: \$40.00

Payment is due upon registration. Please make checks payable to: **Cucalorus**
Thank You!

In case of accident or other emergency, staff or volunteers of Cucalorus Film Foundation are hereby authorized to secure medical care as deemed necessary for my child. I further agree to pay any and all costs incurred as a result of this treatment. I further permit the use of photography and/or filming for promotional use by Cucalorus. I will also not be too jealous when my kid has the coolest day ever.

Cucalorus Kids Camp begins at Jengo's Playhouse (815 Princess Street) 10 am, Saturday November 5th!

Signature of parent/ guardian _____

Date: _____