

Young People's Inc.
SUMMER STOCK THEATRE CAMP
ypsscamp@aol.com
P.O. Box 793
Brooklandville, MD 21022
(410) 321-6242

ARTIST INFORMATION

Last Name _____ First Name _____

Street Address _____ Home Phone _____

City _____ State _____ Zip _____ Grade 2024-2025 _____

Send camp related E-mail to: _____

Skills Intensive Camp JUNE 16 – JULY 11, 2025 Check one:

_____ **DAY Camp – 4 weeks**

_____ **OVERNIGHT Camp – week 1 Day camp, weeks 2-4 Overnight Camp**

_____ **Junior Counselor – current 10th grader, by invitation only, Overnight Camp**

_____ **CIT – current 9th grader, Overnight Camp**

If you are a RETURNING CAMPER:

How many years have you attended Summer Stock? (count summer 2025) _____

Which bunk were you in last summer? (name of bunk or counselor) _____

FAMILY INFORMATION

Mother's Name: _____ Business Phone: _____

Mother's Cell phone _____ Mother's E-mail _____

Father's Name: _____ Business Phone: _____

Father's Cell phone _____ Father's E-mail _____

Parents Marital Status: Married _____ Divorced _____ Separated _____

Custodial parent if applicable: _____

TUITION AGREEMENT

Enclosed check for \$500 (per child) for registration will apply to the basic camp fee.

50% of balance is due on or before **April 15th**. Remaining balance is due **May 20th**.

I also understand that there will be a \$10 per week late charge for payments after May 20th, and there is no refund for late arrival or early departure from camp, or if the camper is dismissed from camp for any reason. No refund for cancellation after May 20th.

I have read the tuition agreement and understand the policies as stated.

Mother: _____ Date: _____

Father: _____ Date: _____