

2025 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:		у:	State:			
irth Date:						
School in 2025/26:						
Previous Arts Training or Exp	erience (not require	ed):				
		·		Years:		
				Years:		
Previous Camp Experience	(not required):					
				Years:		
				Years:		
How did you find out about	Harand Camp?					
		OF INTEREST				
Please inc This is not all-inclusive o Action Territory (Ent. Park)	dicate your preference as r binding as campers will I	of elective classes and enjoy a guide for our Program Dep make their own choices whenPhotographyPiano (private)Pool GamesRacquetballRoller / Ice SkatingScienceStage CombatStage MakeupStage Management	partment. In they arrive Ston Swir Tecl Trac Tum Volle Yog Zum	e at camp. y Theatre nming nnical Theatre k		
Parent/Guardian (Main Con	tact):					
Preferred Email:Preferred Phone:						
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!

2025 TUITION AND FEES

A. Co	amp Tuition: (PLUS	WI Sales Tax	and Perso	onal Co	- osts not	ed in sec	tions B & C)
	1st Sessio	ek Session on (3 weeks) on (3 weeks)	(06/15/25	-07/0	6/25)	\$1700 \$3950 \$4050	
		on (6 weeks)	•		•	\$6950	
Tuition	ent PLANS ARE AVAILAB covers room & board; obs; outings (bus travel); o	arts & activity c	lasses; recre	ational c	ictivities;	costumes;	scripts & music;
B. Fe	ees and Charges Wisconsin Sales T	_			it)		
 Enrolln A non A seco If enro To seco 	Mini-Bank on trips. M	orm keycard on hini-bank per se is personal spersonal spersonal spersonal spersonal spersonal spersonal fractions and instruction and the Camp TERMS On poing of \$500 must a deposit of \$500 must a deposit of \$500 sin camp, the	deposit (cassion plus \$13 ading money in a safe unterpolate balance respondent of the covere or academ FCONTICATE TO THE CONTICATE AND SUBJECT COMPANY 0 is due by fits (\$1,000) or full balance.	refunder provider pro	able deped by the awn by to parer own ing ilability plication y 15, 20 with this be paid	posit for doing family for the camper onto the camper of t	rm keycard) the camper to use r. Records are kept k-out. ion 1, 2025
	·	PAYME	NT MFTH	IOD			
	PAYMENT METHOD CHECK (payable to Harand Camp of the Theatre Arts)		_	Payment Amount:			
	_CREDIT CARD*:	MasterCa	ırd	_Visa	Paym	ent Amo	unt:
	Name on Card:						
	Card Number:				_Exp. [Date:	
	Billing Address:		_Zip Code:				
	*A 3.5% processing fee v	vill be applied for	all credit card	d payme	nts after t	he initial \$50	0 deposit.
		AG	REEMEN [®]	<u>T</u>			
This applicati	ion has my full conser	nt and approv	al and I her	eby en	roll my ((relationship)	
(camper name))	into Ho	arand Cam	p and c	agree to	the terms	s specified above.
Select One:	One-Week Se	ession1	st Session _	2 ^{nc}	d Sessior	าFul	ll Six-Week Session
Please indica	ate if permission is gra	nted with a "y	es" or "no"	:	_Swimn	ning	Outings & Trips
Please list an	y special dietary restr	ictions or aller	gies:				

_Date: _____

Parent/Guardian Signature: