



Dear Summer On Stage Parent/Caregiver:

We are very pleased to welcome your child to the Garde Art Center's 2026 Summer On Stage program. Whether your child is signed up for one, two, or three sessions, we look forward to engaging them in all aspects of production during full weeks of theatre activities.

The Garde is proud, once again, to partner with the Missoula Children's Theatre (MCT). MCT has been touring for nearly 50 years, visiting all 50 states and 17 countries. Their mission is the development of life skills in children through participation in the performing arts. Creativity, social skills, goal achievement, communication skills and self-esteem are all characteristics that are attained through the participation in this unique and educational project. Each of their shows is an original adaptation of children's stories and fairytales—a twist on the classic stories that we all know and love.

In addition to the MCT productions, students will learn about many facets of theatre, giving them skills in presentation, confidence, self-expression, and technical elements such as stage make-up, sound, and lighting.

On Monday of each session week, the directors will audition and cast the roles for the show. Rehearsals take place throughout the week. There are two final performances for each show week on Friday night and Saturday morning. For those students looking to be involved, but not as an onstage performer, a few select students in the older age group will be given a unique opportunity to enroll in the program as Assistant Directors.

Enclosed you will find an Information/Fact Sheet for the session(s) in which your child is enrolled. There is also a Registration Checklist. Please review the checklist carefully. Completed and returned all needed items to the Garde in order finalize your registration and secure your child's spot in Summer On Stage. Finally, a ticket order form is included. Please drop off the order form to the Garde Box Office if you would like to obtain tickets to any of the shows. You can also call the Box Office at (860)444-7373 x1, to order tickets. If you would like to send your participant special congratulations, you can purchase a program advertisement with a short message on the order form as well.

If you have questions or concerns, please feel free to contact us.

Welcome to Summer On Stage 2026! See you at the show!

Sincerely,

Bryan & Karyn Dawidowicz

# SUMMER ON STAGE 2026

At the Garde Arts Center

## INFORMATION/FACT SHEET



Attendance (Mandatory for all in order to perform in the final show)

\* WEEK ONE: **The Emperor's New Clothes** with Missoula Children's Theatre  
Rehearsals & Classes: **Monday, July 13 - Friday, July 17 • 9:00-3:30 PM**  
Performances: **Friday, July 17 • 7:00 PM & Saturday, July 18 • 11:00 AM**

\* WEEK TWO: **The Tortoise and the Hare** with Missoula Children's Theatre  
Rehearsals & Classes: **Monday, July 20 - Friday, July 24 • 9:00-3:30 PM**  
Performances: **Friday, July 24 • 7:00 PM & Saturday, July 25 • 11:00 AM**

\* WEEK THREE: **Aladdin** with Missoula Children's Theatre  
Rehearsals & Classes: **Monday, July 27 - Friday, July 31 • 9:00-3:30 PM**  
Performances: **Friday, July 31 • 7:00 PM & Saturday, August 1 • 11:00 AM**

### Arrival & Departure

On Monday through Friday your child will be working with us from **9:00am until 3:30pm** each day. The doors to the Garde will not open **until 8:45** each morning. Once students are in the building and as soon as they check in and get their name tag each day, we will take responsibility of them. At the end of each day, students between the ages of 6 and 11 should be picked up and signed out after they have returned their name tag. 12 to 16 year old students will be allowed to leave the Garde on their own at 3:30, if the Dismissal Waiver is returned.

### Friday Afternoon

On each Friday students will be dismissed as normal at 3:30pm and they will be required to be back at the Garde at 5:30pm to get ready for their 7:00pm performance. **The Garde/Summer on Stage Staff will not be responsible for your child from 3:30-5:30pm.** Each child needs to leave the building as the staff will not be working. We suggest that local students go home for dinner and students that perhaps live a little further away enjoy dinner with their family in one of New London's great restaurants.

### Lunches

Students need to bring a bag lunch daily. Refrigeration is not available. Dropping off food during the day is discouraged. Due to the risks of food allergens, trading of lunch items is strictly prohibited. Students are required to wash their hands before and after meal times. All students will be submitting medical forms so we will be aware of any allergies.

### Clothing

During the week, children should dress in loose, comfortable clothing. Students should not wear open-toed shoes (e.g. flip flops, sandals) and preferably no dresses/skirts. For performances, costumes are provided by MCT. Actors may be asked to provide basic clothing. No Crocs, please.

### Special Needs

Please be sure to let the Program Coordinator know of any special needs or medications your child may have. The Garde needs to be made aware, in writing, of any medications your child will need to take during the sessions. Supervisors and other staff members cannot administer medications of any kind, the only exception being an epi-pen.

### **Auditions**

On the first day, directors will be auditioning students for roles in the show. SMILING and PROJECTING their voice is all a student needs to be prepared!

### **Cell Phones**

No cell phones or phone calls are allowed during rehearsals or classes. Students with cell phones will be asked to turn them off and leave them on the monitored Cell Phone Table. Messages may be checked during lunch. Violation of this policy will result in a cell phone being confiscated. Parents can easily reach their children, in case of emergency, by contacting the Garde Box Office at (860)444-7373 x1

### **Visits**

We ask parents and friends not to visit classes or rehearsals during the week, or backstage on performance days.

### **Lost & Found**

Any items lost and found will be turned into the program supervisors. Please check with them if anything is misplaced. To avoid loss, please leave anything of value at home.

### **Performance tickets**

Tickets for the Friday and Saturday performances are available at \$10 each. Call the Garde Box Office at (860)444-7373 x1 or stop by any day when you pick up your student.

### **Videotaping and Photography**

You may tape the show from a stationary location during the performances using available light. Aisles and sight-lines may not be blocked. Please consult House Management on the day of performance for more information. Please be sure to cover any lights emitted from your camera. Following all performances there will be a photo session with the actors in costume. At this time ONLY, you may use flash photography. The use of flash photography during performances will result in cameras being confiscated. This is for the safety of the performers.

### **Behavioral Expectations**

*Please review the following guidelines with your child prior to the start of their session.*

- **Respect the space** – The Garde is a historic landmark dating back to the mid-1920s. We ask that each student assist us in maintaining our beautiful facility. Students will be expected to pick up after themselves at all times and leave each area as they found it. There is no running or gum chewing in the Garde, and students should not touch the artwork. We also need to sit properly in our seats.
- **Respect each other** – No pushing, shoving, or bullying will be tolerated. Treat other the way you want to be treated, remember that we are a team. Please stay out of other people's property. If you encounter a problem with anyone, please bring it to the attention of an instructor or supervisor immediately. Listen to all instructors and counselors and do what they ask you to do.
- **Respect yourself** – Don't put yourself down. We need to respect our bodies (be smart, be safe). If you get hurt in any way please tell a staff member immediately. Take a chance and try new things. Most importantly...HAVE FUN!

**THE GARDE RESERVES THE RIGHT TO DISMISS ANY CHILD WHO EXHIBITS BEHAVIORAL PROBLEMS, OR IS UNRESPONSIVE TO STAFF DIRECTION. THERE ARE NO REFUNDS FOR VOLUNTARY OR INVOLUNTARY WITHDRAWAL FROM THE PROGRAM.**



## REGISTRATION CHECKLIST

**Please Note** – *Your registration will not be finalized and your child's place will not be secured, until all applicable items are completed.*

### ❖ **Complete**

- ◇ Registration Form
- ◇ Medical Form
- ◇ Medication Authorization (if applicable)
- ◇ Individual Plan of Care (if applicable)

### ❖ **Submit your forms**

- ◇ Drop off at the Garde Box Office: Tues-Fri 10am-5pm
- ◇ Mail to:

Garde Arts Center: Box Office  
325 State Street  
New London, CT 06320

**If you have any questions or concerns, please  
call the Garde Box Office at  
(860)444-7373 x1**



**REQUIRED**

# State of Connecticut Department of Education Health Assessment Record



To Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This form requests information from you (Part 1) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part 2) and the oral assessment (Part 3).

State law requires complete primary immunizations and a health assessment by a legally qualified practitioner of medicine, an advanced practice registered nurse or registered nurse, licensed pursuant to chapter 378, physician assistant, licensed pursuant to chapter 370, a school medical

advisor, or a legally qualified practitioner of medicine, an advanced practice registered nurse or a physician assistant stationed at any military base prior to school entrance in Connecticut (C.G.S. Secs. 10-204a and 10-206). An immunization update and additional health assessments are required in the 6th or 7th grade and in the 9th or 10th grade. Specific grade level will be determined by the local board of education. This form may also be used for health assessments required every year for students participating on sports teams.

*Please print*

Student Name (Last, First, Middle)		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Street, Town and ZIP code)			
Parent/Guardian Name (Last, First, Middle)		Home Phone	Cell Phone
School/Grade	Race/Ethnicity		<input type="checkbox"/> Black, not of Hispanic origin
Primary Care Provider	<input type="checkbox"/> American Indian/ Alaskan Native		<input type="checkbox"/> White, not of Hispanic origin
	<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Asian/Pacific Islander
			<input type="checkbox"/> Other
Health Insurance Company/Number* or Medicaid/Number*			

Does your child have health insurance?	Y	N	If your child does not have health insurance, call <b>1-877-CT-HUSKY</b>
Does your child have dental insurance?	Y	N	

\* If applicable

## Part 1 — To be completed by parent/guardian.

**Please answer these health history questions about your child before the physical examination.**

Please circle **Y** if "yes" or **N** if "no." Explain all "yes" answers in the space provided below.

Any health concerns	Y	N	Hospitalization or Emergency Room visit	Y	N	Concussion	Y	N
Allergies to food or bee stings	Y	N	Any broken bones or dislocations	Y	N	Fainting or blacking out	Y	N
Allergies to medication	Y	N	Any muscle or joint injuries	Y	N	Chest pain	Y	N
Any other allergies	Y	N	Any neck or back injuries	Y	N	Heart problems	Y	N
Any daily medications	Y	N	Problems running	Y	N	High blood pressure	Y	N
Any problems with vision	Y	N	"Mono" (past 1 year)	Y	N	Bleeding more than expected	Y	N
Uses contacts or glasses	Y	N	Has only 1 kidney or testicle	Y	N	Problems breathing or coughing	Y	N
Any problems hearing	Y	N	Excessive weight gain/loss	Y	N	Any smoking	Y	N
Any problems with speech	Y	N	Dental braces, caps, or bridges	Y	N	Asthma treatment (past 3 years)	Y	N
<b>Family History</b>						Seizure treatment (past 2 years)	Y	N
Any relative ever have a sudden unexplained death (less than 50 years old)				Y	N	Diabetes	Y	N
Any immediate family members have high cholesterol				Y	N	ADHD/ADD	Y	N

Please explain all "yes" answers here. For illnesses/injuries/etc., include the year and/or your child's age at the time.

Is there anything you want to discuss with the school nurse? Y N If yes, explain:

Please list any **medications** your child will need to take **in** school:

*All medications taken in school require a separate Medication Authorization Form signed by a health care provider and parent/guardian.*

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.	Signature of Parent/Guardian	Date
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**To be maintained in the student's Cumulative School Health Record**

Part 2 — Medical Evaluation

Health Care Provider must complete and sign the medical evaluation and physical examination

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Date of Exam \_\_\_\_\_

I have reviewed the health history information provided in Part 1 of this form

Physical Exam

Note: \*Mandated Screening/Test to be completed by provider under Connecticut State Law

\*Height \_\_\_\_\_ in. / \_\_\_\_\_ % \*Weight \_\_\_\_\_ lbs. / \_\_\_\_\_ % BMI \_\_\_\_\_ / \_\_\_\_\_ % Pulse \_\_\_\_\_ \*Blood Pressure \_\_\_\_\_ / \_\_\_\_\_

Table with columns for Normal and Describe Abnormal for Neurologic, HEENT, \*Gross Dental, Lymphatic, Heart, Lungs, Abdomen, Genitalia/ hernia, and Skin. Includes Ortho section for Neck, Shoulders, Arms/Hands, Hips, Knees, Feet/Ankles, and \*Postural assessment.

Screenings \* According to Bright Future's Periodicity Schedule

Table for Screenings including \*Vision Screening, \*Auditory Screening, \*History of Lead Level, \*Speech, and \*HCT/HGB.

TB: High-risk group? No Yes PPD date read: Results: Treatment:

\*IMMUNIZATIONS

Up to Date or Catch-up Schedule: MUST HAVE IMMUNIZATION RECORD ATTACHED

\*Chronic Disease Assessment:

- Asthma, Anaphylaxis, Allergies, Diabetes, Seizures, and Other Chronic Disease assessment items.

This student has a developmental, emotional, behavioral or psychiatric condition that may affect his or her educational experience. Explain:

Daily Medications (specify):

This student may: participate fully in the school program or participate with restriction/adaptation:

This student may: participate fully in athletic activities and competitive sports or participate with restriction/adaptation:

Yes No Based on this comprehensive health history and physical examination, this student has maintained his/her level of wellness. Is this the student's medical home? Yes No I would like to discuss information in this report with the school nurse.

Signature of health care provider MD / DO / APRN / PA Date Signed Printed/Stamped Provider Name and Phone Number

**Part 3 — Oral Health Assessment/Screening**  
**Health Care Provider must complete and sign the oral health assessment.**

To Parent(s) or Guardian(s):

State law requires that each local board of education request that an oral health assessment be conducted prior to public school enrollment, in either grade six or grade seven, and in either grade nine or grade ten (Public Act No. 18-168). The specific grade levels will be determined by the local board of education. The oral health assessment shall include a dental examination by a dentist or a visual screening and risk assessment for oral health conditions by a dental hygienist, or by a legally qualified practitioner of medicine, physician assistant or advanced practice registered nurse who has been trained in conducting an oral health assessment as part of a training program approved by the Commissioner of Public Health.

Student Name (Last, First, Middle)	Birth Date	Date of Exam
School	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		
Parent/Guardian Name (Last, First, Middle)	Home Phone	Cell Phone

<b>Dental Examination</b> Completed by: <input type="checkbox"/> Dentist	<b>Visual Screening</b> Completed by: <input type="checkbox"/> MD/DO <input type="checkbox"/> APRN <input type="checkbox"/> PA <input type="checkbox"/> Dental Hygienist	<b>Normal</b> <input type="checkbox"/> Yes <input type="checkbox"/> Abnormal (Describe) _____ _____ _____ _____	<b>Referral Made:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Risk Assessment</b> <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	<b>Describe Risk Factors</b>		
	<input type="checkbox"/> Dental or orthodontic appliance <input type="checkbox"/> Saliva <input type="checkbox"/> Gingival condition <input type="checkbox"/> Visible plaque <input type="checkbox"/> Tooth demineralization <input type="checkbox"/> Other _____	<input type="checkbox"/> Carious lesions <input type="checkbox"/> Restorations <input type="checkbox"/> Pain <input type="checkbox"/> Swelling <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____	

Recommendation(s) by health care provider: \_\_\_\_\_  
\_\_\_\_\_

I give permission for release and exchange of information on this form between the school nurse and health care provider for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of health care provider	DMD / DDS / MD / DO / APRN / PA / RDH	Date Signed	Printed/Stamped <i>Provider</i> Name and Phone Number
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# Immunization Record

**To the Health Care Provider: Please complete and initial below.**

**Vaccine (Month/Day/Year) Note:** \*Minimum requirements prior to school enrollment. At subsequent exams, note booster shots only.

	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Dose 6
<b>DTP/DTaP</b>	*	*	*	*		
<b>DT/Td</b>						
<b>Tdap</b>	*				Required 7th-12th grade	
<b>IPV/OPV</b>	*	*	*			
<b>MMR</b>	*	*			Required K-12th grade	
<b>Measles</b>	*	*			Required K-12th grade	
<b>Mumps</b>	*	*			Required K-12th grade	
<b>Rubella</b>	*	*			Required K-12th grade	
<b>HIB</b>	*				PK and K (Students under age 5)	
<b>Hep A</b>	*	*			See below for specific grade requirement	
<b>Hep B</b>	*	*	*		Required PK-12th grade	
<b>Varicella</b>	*	*			Required K-12th grade	
<b>PCV</b>	*				PK and K (Students under age 5)	
<b>Meningococcal</b>	*				Required 7th-12th grade	
<b>HPV</b>						
<b>Flu</b>	*				PK students 24-59 months old – given annually	
<b>Other</b>						

**Disease Hx** \_\_\_\_\_

<p>of above _____ (Specify)</p> <p><b>Religious Exemption:</b> _____</p> <p>Religious exemptions must meet the criteria established in <b>Public Act 21-6:</b> <a href="https://portal.ct.gov/-/media/SDE/Digest/2020-21/CSDE-Guidance---Immunizations.pdf">https://portal.ct.gov/-/media/SDE/Digest/2020-21/CSDE-Guidance---Immunizations.pdf</a>.</p>	<p>(Date) _____ (Confirmed by) _____</p> <p><b>Medical Exemption:</b> _____</p> <p>Must have signed and completed medical exemption form attached. <a href="https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/immunization/CT-WIZ/CT-Medical-Exemption-Form-final-09272021fillable3.pdf">https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/dph/infectious_diseases/immunization/CT-WIZ/CT-Medical-Exemption-Form-final-09272021fillable3.pdf</a></p>
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**KINDERGARTEN THROUGH GRADE 6**

- DTaP: At least 4 doses, with the final dose on or after the 4th birthday; students who start the series at age 7 or older only need a total of 3 doses of tetanus-diphtheria containing vaccine.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Hib: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Pneumococcal: 1 dose on or after the 1st birthday (children 5 years and older do not need proof of vaccination).
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*

**GRADES 7 THROUGH 12**

- Tdap/Td: 1 dose of Tdap required for students who completed their primary DTaP series; for students who start the series at age 7 or older a total of 3 doses of tetanus-diphtheria containing vaccines are required, one of which must be Tdap.
- Polio: At least 3 doses, with the final dose on or after the 4th birthday.
- MMR: 2 doses at least 28 days apart, with the 1st dose on or after the 1st birthday.
- Meningococcal: 1 dose
- Hep B: 3 doses, with the final dose on or after 24 weeks of age.
- Varicella: 2 doses, with the 1st dose on or after the 1st birthday or verification of disease.\*\*
- Hep A: 2 doses given six months apart, with the 1st dose on or after the 1st birthday. See “HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES” column at the right for more specific information on grade level and year required.

**HEPATITIS A VACCINE 2 DOSE REQUIREMENT PHASE-IN DATES**

- August 1, 2017: Pre-K through 5th grade
- August 1, 2018: Pre-K through 6th grade
- August 1, 2019: Pre-K through 7th grade
- August 1, 2020: Pre-K through 8th grade
- August 1, 2021: Pre-K through 9th grade
- August 1, 2022: Pre-K through 10th grade
- August 1, 2023: Pre-K through 11th grade
- August 1, 2024: Pre-K through 12th grade

**\*\* Verification of disease:** Confirmation in writing by an MD, PA, or APRN that the child has a previous history of disease, based on family or medical history.

**Note:** The Commissioner of Public Health may issue a temporary waiver to the schedule for active immunization for any vaccine if the National Centers for Disease Control and Prevention recognizes a nationwide shortage of supply for such vaccine.

Initial/Signature of health care provider _____ MD / DO / APRN / PA	Date Signed _____	Printed/Stamped <b>Provider</b> Name and Phone Number _____
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## Medication Authorization Form



Authorization for the  
Administration of Medications  
(if applicable)

### Authorization for the Administration of Medications (if applicable)

In Connecticut, camps administering medications to children shall comply with all requirements regarding the Administration of Medication described in the Ct State Statutes and Regulations. Parents/ guardians requesting medication administration to their child while at camp shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with the child's name, name of medication, directions for medication's administration, and the date of the prescription. All unused medication shall be destroyed if not picked up within one week following the camper's departure at the end of camp.

### Authorized Prescriber's Order (Physician, Dentist, Physician's Assistant, Advanced Register Nurse):

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today \_\_\_\_\_

Medication Name \_\_\_\_\_ Controlled Drug? YES NO

Dosage \_\_\_\_\_ Method \_\_\_\_\_ Time of Administration \_\_\_\_\_

Is this medication to be self-administered by the child YES NO

Relevant Side Effects of Medication \_\_\_\_\_

Plan of management for Side Effects \_\_\_\_\_

Known Food or Drug Allergies? YES NO Reactions to? YES NO Interactions with? YES NO

If "YES" to any of the above, please explain \_\_\_\_\_

Prescribers Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Prescribers Address \_\_\_\_\_ Town \_\_\_\_\_

Prescribers Signature: \_\_\_\_\_

### Parent/Guardian Authorization:

I request that the medication be administered to my child as described and directed above.

I request that the medication be self-administered to my child as described and directed above.

Name of Camp \_\_\_\_\_ Todays Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Address \_\_\_\_\_ Town \_\_\_\_\_

Name of Parent/ Guardian Authorizing Administration of Medication as described and directed above:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to child Mother Father Guardian/Other explain: \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ phone \_\_\_\_\_

Signature of Parent/Guardian Authorizing Administration of Medication \_\_\_\_\_

### Office Use

Name of Camp Personal Receiving Written Authorization and Medication \_\_\_\_\_



**Individual Plan of Care for a Child  
With Special Health Care Needs or Disabilities  
(if applicable)**



Child's Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Special health care need or disability:

Plan for appropriate care of the child in a medical emergency. An individual Plan of Care is necessary when a child has a special health care need or disability and it is necessary that special care be taken or provided while the child is at the youth camp.

Other relevant information: (e.g. precautions to be taken to prevent a medical or other emergency)

Signature of the Parent/Guardian:  
\_\_\_\_\_

Date Signed:  
\_\_\_/\_\_\_/\_\_\_

**NOTE:** Section 428-3(a) requires a child's health record to include information regarding disabilities or special health care needs such as allergies, special dietary needs, dental problems, hearing or visual impairments, chronic illness, developmental variations or history of contagious disease, and an individual plan of care for the child with special health care needs or disabilities. The plan shall be developed with the child's parent(s) and health care provider and updated as necessary. Such plan of care shall include appropriate care of the camper in the event of a medical or other emergency and shall be signed by the parent(s) and staff responsible for the care of the camper.

**Signature(s) of all staff responsible for the care of this child:**

PRINTED NAME	SIGNATURE	DATE

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_



*With Missoula Children's Theatre*

**TICKETS \$10 each**

*Please indicate # of tickets next to the performance time of the show you would like to attend.*

**The Emperor's New Clothes**

\_\_\_\_\_ Fri, July 17 • 7:00pm      \_\_\_\_\_ Sat, July 18 • 11:00am      X \$10 = \$ \_\_\_\_\_

**The Tortoise and the Hare**

\_\_\_\_\_ Fri, July 24 • 7:00pm      \_\_\_\_\_ Sat, July 25 • 11:00am      X \$10 = \$ \_\_\_\_\_

**Aladdin**

\_\_\_\_\_ Fri, July 31 • 7:00pm      \_\_\_\_\_ Sat, Aug 1 • 11:00am      X \$10 = \$ \_\_\_\_\_

***Tickets for Summer On Stage Performances are General Admission.***

*Children 3 yrs old and younger attending the performance are free and do not require a ticket.*

**PROGRAM ADS \$25 per ad**

We are offering space in the show programs to parents and family members. This is the perfect way to send a special message to participants and let them know how proud you are of them! \$25 for 3 lines\*

\_\_\_\_\_ *The Emperor's New Clothes* \_\_\_\_\_ *The Tortoise and the Hare* \_\_\_\_\_ *Aladdin* x\$25 = \$ \_\_\_\_\_

\* Program Ad Text:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please select your payment method:**

Cash    Check    Visa    MasterCard    Amex    Discover

Credit Card#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Sec Code: \_\_\_\_\_

***Payment must be submitted at the time the ticket order and/ or program ad are submitted.***