



OFFICIAL **RECEIPT**

Student's Name: _____ Student's DOB: _____

Parent's Name (s): _____

Class Name: **Musical Theatre Day Camp** Term: **Summer 2016**

Class Length: **40 hours** Class Duration: **5 days**

Total Fee Paid: _____ Date Paid: _____

CLASS **DESCRIPTION**

The Stage Day Camps are a perfect introduction to performance as well as many of our year long production classes. Our action packed, fun filled week consists of games (and lots of 'em), field trips to local attractions, props making & set painting, all while preparing a mini-musical production (a different one each week), that will showcase our singing, dancing, and acting for family at friends at the end of the week. These classes are an excellent place for beginners to get their feet wet. No experience is necessary and there is no audition

CHILDREN'S ARTS **TAX CREDIT**

For 2011 and subsequent years, the budget proposes a new non-refundable tax credit based on eligible expenses paid for the cost of registration or membership of your or your spouse's or common-law partner's child in a prescribed program of artistic, cultural, recreational or developmental activity.

Stefanie Swinnard
Director

Date

Please bring this receipt to the studio to be signed. Receipt is void if not signed by studio representative.