



Seaside Players Summer Drama
Camp Application

Name of Student: _____

Grade student will be attending during 2009-10 School Year: _____

Address: _____

Parent 1 Name: _____

Phone 1: _____ Phone 2: _____

Emergency Contact Name/Relation:

Phone 1: _____ Phone 2: _____

Additional Information (Allergies, etc.)

**Checks should be made payable to Warren-Walker School.
Applications can be returned to Mrs. Diane Neil at Warren-Walker
School or mailed to:**

**4605 Point Loma Ave
San Diego, CA 92107**

