



BE OUR GUEST: A DISNEY EXPERIENCE SUMMER CAMP

Student Name: _____ **Age:** _____

Parent Name(s): _____

Parent(s) Cell Phone: _____

Parent email: _____

Does the student have a personal Facebook? Yes _____ **No** _____

Do parents have a personal Facebook? Yes _____ **No** _____

We communicate via a Facebook Group called MCYT's A Disney Experience Summer Camp

Does the student want a solo: Yes _____ **No** _____

Does the student have a preferred show they would like to perform a song from? _____

On a scale of 1-5 (1 being not all and 5 be extremely,) How comfortable is your student with:

Solo work 1 2 3 4 5

Group work 1 2 3 4 5

Singing 1 2 3 4 5

Dancing 1 2 3 4 5

Acting 1 2 3 4 5

Improvisation 1 2 3 4 5