

Phone _____
Person _____
Paid _____



2017 YOUTH THEATRE REGISTRATION
PLEASE FILL OUT ONE PER PARTICIPANT!

Please indicate which workshop you are registering for:

Youth Theatre Workshop
(Ages 7-9)

Youth Theatre Production
(Ages 10-12)

Teen Theatre Academy
(13-18)

Participant's Name: _____

Sex: _____ Age: _____ Birthdate: _____ Grade: _____

Parent or Guardian's Name: _____

Guardian's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____

Email: _____

Any schedule conflicts, please list. _____

Please note: If you are registering for Youth Theatre Workshop or Youth Theatre Production, please indicate below which session you would prefer. We will do our best to accommodate preferences, however, THEY ARE NOT GUARANTEED.

Session A (8:00 am – 11:30 pm)

Session B (1:00pm – 4:30pm)

No preference

Reason for preference (optional): _____

T-Shirt Size: We will be ordering t-shirts *before* the workshop begins so please circle a size. The cost for your student's t-shirt is included in the registration price. Extra shirts are for sale for \$20.00 each.

Please indicate quantity and size below:

Child S _____ M _____ L _____

Adult S _____ M _____ L _____ XL _____

Deposit: A \$100 non-refundable deposit is due TODAY for the workshop (or contact us for a stipend form).

Payment: Payment in full, at the time of registration, entitles registrant to two free Youth Theatre tickets.

Payment in full is due by June 3, 2017.

Refunds: Deadline for refunds is 3 weeks prior to the start of the workshop.

I have more than one child in the workshop! (There is a \$15 discount, per child, when enrolling more than one child). Yes No

Amount owed for THIS applicant: \$ _____

Amount owed for extra t shirts \$ _____

Please accept my donation to financially help other participants: \$ _____

Check Amount – mail to PO Box 1682, Grand Lake CO 80447

\$ _____

Cash Amount

\$ _____

Please charge my **Credit Card** for this amount. \$ _____

Master Card Visa Discover Signature: _____

Credit Card Number _____ Exp. Date _____

Interested in applying for financial aid

MUST FILE FOR FINANCIAL AID BY MAY 15