Phone_____
Person_____
Paid_____

2018 YOUTH THEATRE REGISTRATION
PLEASE FILL OUT ONE PER PARTICIPANT!

Please indicate which workshop you are registering for:

Youth Theatre Workshop	**Youth Theatre Production**	**Teen Theatre Academy**
(Ages 7-9) $325	**(Ages 10-12) $350**	**(13-18) $375**
☐	☐	☐

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 am) ☐ 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 1, 2018.
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 CVC
_____ _____ _____ _____ _____

Interested in applying for financial aid ☐
MUST FILE FOR FINANCIAL AID BY MAY 15