

YOUNG ACTORS ACADEMY – After School Program – REGISTRATION FORM

Applicant Information

Name: _____

Address: _____

City / State / Zip: _____ / _____ / _____

Best Contact Telephone Number: (_____) _____ - _____

Email Address: _____ @ _____

Age: _____; Date of Birth: _____ (M) _____ (D) _____ (Y)

Gender: _____ Female / _____ Male; Ethnic Origin/Race: _____

School: _____; Current Grade Completed: _____

T-Shirt Size (Adult): _____ Small; _____ Medium; _____ Large; _____ X-Large; _____ XX-Large

Guardian Information

Name: _____

Address: _____

(if different from that of Applicant)

City / State / Zip: _____ / _____ / _____

Best Contact Telephone Number: (_____) _____ - _____

Emergency Contact Number: (_____) _____ - _____

Email Address: _____ @ _____

I grant permission for my child to apply to this program and to participate in all activities of the Young Actors Academy-Program. I also allow my child to complete questionnaires designed to evaluate the program. I further permit my child to participate in media events to promote the benefits of the Academy, and to be filmed for promotional and educational proposes, including the final production.

Guardian Signature: _____ Date: _____ / _____ / _____

Payment Options

> Middle School Program - 4p to 5:30p (Program Name:) _____

Full Payment Included \$150. Check or Credit Card - (\$125 Early Bird or returning Academy student.)

> Lower School Program - 4p to 5:30p _____ Theatre FUN! damentals

Full Payment Included \$150. Check or Credit Card - (\$125 Early Bird or returning Academy student.)

If child withdraws after start of Academy, refund will be prorated, with a \$25 processing fee.

Credit Card Information

Name as it appears on Credit Card: _____

Credit Card Number: _____ Exp: _____ / _____ CVV: _____

Signature of Card Holder: _____