



Our Mission: To provide the Baltimore community with exceptional, creative, diverse and affordable theatrical productions which stimulate and entertain both audience and artist. Spotlighters strives to increase and enhance the community's appreciation for and participation in the experience that is live theatre.

YOUNG ACTORS ACADEMY – Summer 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: _____; Last 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. 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

Lower School Program (\$595): Mon - Thur, 9a to 4p Dates: _____

Middle/High School Program (\$775): Mon - Thur, 9a to 4p Dates: _____

Full Payment Included \$595 _____ / \$775 _____ Three Payment Plan.

Check or Credit Card. (\$75 Discount if paid before May 15, 2012) \$100 deposit with application. Check or Credit Card

_____ Lower School - Two payments of \$237.50 due 1st & 3rd Week

_____ Middle/ High School - Two payments of \$337.50 due 2nd & 4th Week

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

Credit Card Information

Name as it appears on Credit Card: _____

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

Signature of Card Holder: _____