

## (Please fill out, sign form, and return with payment)

| Child's Name   |  | Age                                | Birth Date  |
|--|--|------------------------------------|---|
| Parent's Name(s):  |  |                                    | Cell Phone  |
| Address  | City   |                                    | State Zip   |
| Wk Telephone   | Landline Phone   | E-                                 | mail  |
| Class Title  |  | Day/Time                           |   |
| Early Registration   | on Tuition for each class  | \$160 (as                          | s of 12/15: \$175)  |
|  |  | Registra                           | tion Fee: \$20  |
| Cond novement  | in full by abook on m  |                                    | Total Due   |
| 2 0  | t in full by check or m  | •                                  |   |
| ·  | cal Theatre, PO Box<br>MC □Discover or Ven   | •                                  | g ,   |
| Card No.   |  |                                    | teCVV   |
| Signature of Card Holder   |  |                                    |   |
| understand that no refund will be git<br>cannot be rescheduled during the sa<br>Theater class at Gratz College Thea<br>College Theatre and any instructor a<br>suffered while taking class, rehearsing<br>Musical Theatre during the course of | tme semester.I understand the<br>tre and herby agree to hold hassociated with Storybook Mung, performing or participatin | nat my cl<br>narmless<br>usical Th | Storybook Musical Theatre, Gratz eatre for any injury or accident |
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| Signature Participant or Legal Guardian  |  |                                    | Date  |